

# Inspection Report

14 April 2022



## Seaview House

Type of service: Nursing Home  
Address: 276 Seacliff Road,  
Ballyholme, Bangor,  
BT20 5HS  
Telephone number: 028 9146 0833

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kingsfield Enterprises Limited  <b>Responsible Individual:</b> Mrs Valerie Elizabeth Atcheson	<b>Registered Manager:</b> Mrs Ruth Magowan  <b>Date registered:</b> 25 October 2018
<b>Person in charge at the time of inspection:</b> Patricia Lingad- Nurse in Charge until 11am Ruth Magowan- Registered Manager from 11am onwards	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 18
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 22 patients. Patients' bedrooms are located over three floors. The dining room is located on the ground floor and communal lounges are located on the first and second floors. Patients have access to an attractive garden with sea views at the front of the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 April 2022 from 9.30 am until 4.45 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff provided care in a compassionate manner and were seen to treat the patients with kindness and respect.

Areas requiring improvement were identified regarding completion of repositioning records and the system in place to monitor patients' weights.

RQIA were assured that the delivery of care and service provided in Seaview House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included "it is okay here, no problems", "I am very happy with the staff, they are lovely girls", "the people and systems seem to be excellent" and "I find staff very helpful and friendly".

Staff said that they were satisfied with staffing levels, found the manager to be very approachable and worked well together as a team. Staff comments included “it is nice because it’s not too big and we all know each other really well”, “Ruth (the manager) is fantastic, we can go to her about anything”, “Ruth is so approachable” and “it is great here, it is like a family”.

Six relatives were consulted with during the inspection; they all commented positively about the care provided, communication, the manager and the staff. Relatives’ comments included “it’s been excellent, no complaints at all”, “great communication, tell us everything”, “Ruth is very accommodating”, “it’s like a home from home”, “the staff all know me too and they are lovely”.

A record of thank you cards received about the home was kept and shared with the staff team, this is good practice. The manager said they had also received some verbal compliments from members of the multidisciplinary team but these had not been recorded. The manager agreed that going forward verbal compliments would be formally recorded and also shared with the team.

Comments made by patients and staff were brought to the attention of the management team for information and appropriate action.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 10 (1) <b>Stated:</b> First time	The registered person shall ensure that there is a robust governance system in place to regularly monitor the care and services provided, including, but not limited to, care records, accidents/incidents and the environment. The audits completed should include an action plan, timescale and identify the person responsible for completing where required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of governance audits completed evidenced that these were robust and included action plans.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 30	The registered person shall ensure that RQIA are notified of any incident that adversely affects the health or wellbeing of any patient.	

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Review of accident and incident records evidenced that RQIA have been appropriately notified as required.	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> Third and final time	The registered person shall ensure that up to date wound care records are maintained and that these contain an evaluation of the care provided. Wound care audits should also be completed on a regular basis in order that any deficits in wound care recording can be identified and resolved in a timely manner.  <b>Action taken as confirmed during the inspection:</b> Wound care records reviewed were up to date. Wound care audits were completed regularly and contained action plans where deficits had been identified.	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> Second time	The registered person shall ensure that accident/incident records are completed accurately and in full in line with legislative requirements and best practice guidance.  <b>Action taken as confirmed during the inspection:</b> Accident and incident records reviewed were completed accurately and in full.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager said that patient dependencies were reviewed at least monthly to determine required staffing levels and that bank staff were used as necessary to ensure that shifts were covered. Staff told us that there was enough staff on duty to meet the needs of the patients and confirmed that efforts were also made to cover absences such as short notice sick leave.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). It was noted that one member of staff was having ongoing difficulties registering with NISCC. This was discussed with the management team who agreed to follow this up to ensure registration was achieved. Following the inspection RQIA were provided with confirmation that the staff member's registration with NISCC was successfully progressing.

There were systems in place to ensure staff were trained and supported to do their job. Staff received mandatory training in a range of topics relevant to their role including on-line infection prevention and control (IPC) training, adult safeguarding and palliative care. Practical training in topics such as fire awareness was also provided. Staff said they had had less time lately to complete training, as they had been helping to cover shifts in the home, but were reminded when mandatory training was due. This was discussed with the management team who said that staff had been extremely accommodating helping to cover shifts but, now staffing had improved, a plan was in place to ensure that staff were provided with sufficient time and resources to complete any training still required within a short timescale. Progress in this area will be reviewed at the next care inspection.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Staff were seen to respond to requests for assistance promptly in a kind and caring manner. Staff said that teamwork was good.

Patients said that there were enough staff to help them and that they felt well looked after. One patient said "I know they have been a bit short staffed lately but I honestly haven't noticed any effect on me, the staff are great".

Relatives did not raise any concerns about staffing arrangements in the home and all the relatives spoken with commented positively about the care provided.

### **5.2.2 Care Delivery and Record Keeping**

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs, preferred daily routines, likes and dislikes. Staff were seen to be skilled in communicating with the patients and to treat them with kindness and understanding.

There was evidence that patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans reflected patients' needs regarding, for example, pressure relieving mattresses and recommended frequency of repositioning. Repositioning records were reflective of patients' recommended frequency of repositioning but, required patient's details, such as Braden scores, type of mattress and frequency of skin checks, were not consistently recorded. An area for improvement was identified.

Where a patient was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails, were in use where required. Those patients who were at risk from falls had relevant care plans in place. Review of records evidenced that neurological observations were completed when required and relevant risk assessments and care plans were reviewed in the event of a fall.

Equipment such as bed rails can be considered to be restrictive. It was established that systems were in place to safely manage this aspect of care.

It was observed that staff respected patients' privacy; they knocked on bedroom and bathroom doors before entering and offered patients assistance with personal care needs in a discreet manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Staff were seen to assist patients with the range of support they required during the meal time, this ranged from simple encouragement through to full assistance. The menu was on display outside the dining room. The dining experience was seen to be calm, relaxed and unhurried. Patients were offered a choice of meals. The food was attractively presented, smelled appetising and was served in appropriate portion sizes.

Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet. The care plan for one patient needed to be updated to include the fact they could not have bread but this was clearly recorded within their Speech and Language Therapist (SALT) recommendations which all staff, including the cook, were aware of. This was brought to the attention of staff to ensure the care plan was updated accordingly. Review of care records for other patients evidenced that these were reflective of the recommendations of the SALT and/or the dietician.

Records were kept of what patients had to eat and drink daily; the records reviewed were up to date. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and the Trust dieticians were consulted and provided with a monthly analysis of patients weights. However, in addition to the information provided to the Trust dieticians, there were two additional audit tools which included an overview of patients' monthly weights, and these were not consistently completed. This was discussed with the manager who agreed that it would be beneficial to have one consistently completed audit tool in use. An area for improvement was identified. It was also noted that the admission weight had not been recorded in a patient's profile although it was recorded elsewhere in their care record. This was brought to the attention of staff for action.

Patients said that they were satisfied with the food on offer and could get an alternative if they didn't like what was on the menu. After lunch patients commented that the food was 'lovely', 'tasty' and 'very nice'.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients care records were held confidentially.

Care records were detailed, well maintained and regularly signed off by staff as having been reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records, for example, preferred hair style, having nails manicured and preferred bedtime.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.



Relatives said they were very satisfied with the care provided, communication was good and they were kept well informed of any changes.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm, clean, tidy and fresh smelling. Patients' bedrooms were personalised with items that were important to them such as family photographs, ornaments and flowers. Communal lounges and the dining room were observed to be attractive and welcoming spaces for patients. The home was in good decorative order. Fire exits and corridors were observed to be clear of clutter and obstruction.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored and records were kept.

Patients and their relatives were satisfied that the home was kept clean and tidy.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said they decided for themselves what time to get up and what they would like to do.

Staff were seen to speak to patients in a kind and caring manner and it was observed that staff offered patients choices throughout the day. Staff asked patients where they would like to sit, if they would like a drink or snack, offered to help them to the dining room at lunchtime and were very responsive to any requests for assistance.

There was a range of activities provided for patients by the staff. The current activity schedule included quizzes, games, bingo, movies and an Easter Sunday service. Staff said they made an effort to plan activities that would appeal to as many of the patients as possible. Newspapers were delivered to the home as requested by patients.

Patients looked well presented and attention had obviously been paid to all aspects of their personal care needs. A hairdresser comes into the home on a regular basis to cut and style hair and some patients said that they enjoy going out to get their hair cut in local salons.

In the afternoon some patients chose to have a nap in their bedroom. Staff made sure the patients were comfortable and that TV's or radios were on if they wanted some entertainment. Call bells were left within reach in order that assistance could be called for if required.



Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients said they were satisfied with the activities on offer and that they were given the choice to join in or not. One patient said “it is just normal here, it’s like being at home” and another said “I put my day in with no problem at all”.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Ruth Magowan has been the manager in this home since 25 October 2018. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. The manager said that the outcome of complaints was shared with the staff team as an opportunity for them to learn and improve. Relatives said that they knew how to report a concern or a complaint and were confident that the manager would deal with these effectively.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The Responsible Individual was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with patients and staff and to examine all areas of the running of the home. The reports of these visits were available for review. An action plan is in place in the home to identify, for example, how required improvements will be managed and any planned redecoration or refurbishment.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ruth Magowan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that repositioning records are completed in full and include required information such as the patient's Braden score, type and setting of mattress and frequency of repositioning and skin checks.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the system in place to monitor patients' weights is robust. A suitable system should be in use and consistently completed in order to effectively monitor weight loss or gain.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

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



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