

Unannounced Care Inspection Report 23 November 2016



Seaview House

Type of Service: Nursing Home

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

Tel no: 028 9146 0833

Inspector: Sharon McKnight

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Seaview House took place on 23 November 2016 from 11:00 hours to 15:15 hours.

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

On the day of inspection patients, relatives and staff spoken with commented positively in regard to the care in the home. A review of records, discussion with the registered manager and staff and observations of care delivery evidenced that both of the requirements and three of the four recommendations made as a result of the previous inspection have been complied with.

There were no areas for improvement identified as a result of this inspection. A recommendation made during the previous care inspection has not been met and has been stated for a second time.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1*

Details of the Quality Improvement Plan (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.

*The recommendation made has been stated for the second time.

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

1.2 Actions/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 August 2016.

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Seaview House Private Nursing Home / Ms. Fiona Gilmore	Registered manager: Mrs Clair O'Connor
Person in charge of the home at the time of inspection: Mrs Clair O'Connor	Date manager registered: 21 April 2015
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI Category RC-I for 2 identified residents only.	Number of registered places: 22

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 four patients individually and with the majority of others in small groups, three care staff and one patient's relative.

The following information was examined during the inspection:

- two patient care records
- staff duty roster for week commencing 21 November 2016
- staff induction records
- staff recruitment records
- records of staff Nursing and Midwifery Council (NMC) registration
- records of audit
- reports of the monthly quality monitoring visits.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 August 2016.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 13 April 2016.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 21(1)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<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>Action taken as confirmed during the inspection: A review of a recruitment file of a staff member employed since the previous inspection evidenced that recruitment processes were in keeping with The Nursing Homes regulations (Northern Ireland) 2005. The registered manager explained that a checklist and new file format has been introduced to help ensure that all records are obtained prior to the commencement of employment.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<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>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that robust systems for monitoring the registration status of nurses with the NMC were in place. A review of the duty roster for the week of the inspection evidenced that all of the registered nurses rostered to work were included in the check undertaken on 4 November 2016. This requirement has been met.</p>	Met

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2016</p>	<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>Action taken as confirmed during the inspection: The registered manager confirmed that they had recently applied for a course which included management of staff, absenteeism and recruitment. They had been unable to source training specific to The Nursing Home Regulation (Northern Ireland) 2005. We were informed that, in the absence of training, they had reviewed the regulations and the records required to be obtained for the recruitment of staff. As previously discussed they had created a checklist for the recruitment processes as a quality assurance system to ensure that all the records were obtained prior to the candidate commencing employment. Whilst formal training had not been attended we were assured that by implementing quality assurance systems for recruitment the registered manager had gained personal development in this area. This recommendation has been met.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<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>Action taken as confirmed during the inspection: We reviewed one completed induction programmes; this had been signed by the registered manager to confirm that the induction programme had been satisfactorily completed. This recommendation has been met.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: A review of audit records evidenced that where areas for improvement were identified these were shared with the relevant staff to be addressed. The areas were then re-audited to check that the required improvements had been made. This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2016</p>	<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> <hr/> <p>Issues identified should be reviewed at the next monthly visit and a comment of the actions taken recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the reports completed from July – October 2016 evidenced that the information recorded varied and on occasion there was very limited evidence of the outcome of the visit recorded. Issues identified on previous visits were not always followed up or commented on. This recommendation has not been met and is stated for a second time.</p>	<p>Not met.</p>

4.3 Inspection findings

4.3.1 Care practices

We arrived in the home at 11 00 hours. 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 lounge, or in their bedroom, as was their personal preference. The staff confirmed that whilst socialisation between patients was promoted, each had a choice as to how they spent their day and where they preferred to sit throughout the day. 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.

The serving of lunch commenced at 12:30 hours. Three patients chose to come to the dining room where the tables were nicely presented with cutlery, crockery and a choice of condiments. Those patients who choose to remain in their bedroom were served their meals on trays set with condiments; the meals were covered prior to leaving the kitchen. A review of care records evidenced that patients weights were monitored regularly and referrals made to healthcare professionals as required. A dietician from the local health and social care trust visited the home monthly to review patients staff had identified as at risk of malnutrition. Care records contained good details of the interventions prescribed and follow up by the home. The registered manager spoke positively regarding these monthly visits and felt supported when managing patients' nutritional needs. Food and fluid charts were maintained for those patients who were assessed as at risk of inadequate food or fluid intake. Fluid charts were reconciled at the end of each 24 hour period.

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

"I've been treated wonderfully by everyone."

"They (the staff) never leave without checking that you are ok."

"We get the most gorgeous food."

One relative spoken with was complimentary regarding the care, staff and management. We also sought relative's opinion via questionnaires. Eight questionnaires were issued, none were returned.

Staff spoken with were knowledgeable regarding patients' personal preferences. Five questionnaires were issued to staff; one was returned. The staff member indicated that they were very satisfied that the care delivered was safe, effective and compassionate and that the service was well led.

4.3.2 Staffing

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. A review of the staffing roster for week commencing 21 November 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing provision within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

The registered provider/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 provider 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: No statutory requirements were made as a result of this inspection.

Recommendations

Recommendation 1

Ref: Standard 35.7

Stated: Second time

To be completed by:
21 December 2016

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.

Issues identified should be reviewed at the next monthly visit and a comment of the actions taken recorded.

Ref section 4.2

Response by registered provider detailing the actions taken:

The above recommendation has been brought to the attention of the registered provider who completes the REG 29 reports and will make changes to future reports to include details of reviews and actions to be taken.

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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