



Unannounced Enforcement Care Inspection Report 25 July 2018



Seaview House

Type of Service: Nursing Home (NH)

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

Tel No: 028 91460 833

Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 22 persons. There were 14 patients accommodated on day of inspection.

3.0 Service details

Organisation/Registered Provider: Seaview House Private Nursing Home Responsible Individual: Ms Fiona Gilmore	Registered Manager: Fiona Gilmore - Acting
Person in charge at the time of inspection: Fiona Gilmore	Date manager registered: Not applicable
Categories of care: 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.	Number of registered places: 22 There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 25 July 2018 from 09.10 to 12.10 hours.

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.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to Regulation 10(1) of The Nursing Homes Regulations (Northern Ireland) 2005. The date of compliance with the notice was 25 July 2018.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000001E1 issued on 25 April 2018.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3*	2*

*The total number of areas for improvement includes three areas for improvement under regulation and two areas for improvement under the standards which have been carried forward from a previous care inspection on 18 April 2018. No further areas for improvement were identified as a result of this inspection.

This inspection resulted in no areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) for April and May 2018
- written and verbal communication received since the previous care inspection
- the failure to comply notice.

During the inspection the inspector met with three patients, two staff and two patients' relatives.

The following records were examined during the inspection:

- manager's duty rota for the period 30 April – 30 June 2018
- patient risk register
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- audit records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) for April and May 2018.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 June 2018.

The most recent inspection of the home was an unannounced enforcement compliance care inspection. No areas for improvement were identified as a result of this inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 April 2018.

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 25 April 2018. The areas for improvement from the last care inspection on 18 April 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC000001

Notice of failure to comply with Regulation 10(1) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following seven actions were required to comply with this regulation.

- The responsible individual must ensure that the registered manager has sufficient hours in a management capacity to ensure that effective quality monitoring/governance systems are implemented and sustained.
- The registered persons must establish and implement robust systems to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).
- The registered persons must ensure that a training plan is implemented to ensure all staff receives mandatory training.
- The registered persons must implement robust systems to monitor compliance with mandatory training.
- The responsible individual must ensure that monthly quality monitoring visits are conducted in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.
- The responsible individual must ensure that a written report is prepared in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 on the conduct of the nursing home.

- The responsible individual must ensure that a copy of the monthly monitoring reports are submitted on a monthly basis to RQIA, no later than three days after the last day of the month.

A review of the duty rosters for weeks commencing 2,9,16 and 23 July 2018 evidenced that hours were allocated to the manager to undertake management duties. Following the previous inspection management support was also provided by Valerie Atcheson who has applied to register with RQIA as the responsible individual for the home. A clinical risk register was in place which provided the manager with oversight of patients with wounds, those at risk of choking, monitoring of patients' weights and those patients currently prescribed nutritional supplements. A review of the audit records evidenced that effective governance monitoring systems were in place.

Records evidenced that management held meetings with staff and relatives on 23 July 2018 to discuss the recent changes to management in the home and provide assurances of the plans for the future. Staff and relatives spoken with welcomed these meetings and were reassured by the information provided.

A review of records confirmed that a robust process was now in place to monitor the registration status of care staff with the NISCC.

A review of training records evidenced that all staff have completed the e learning mandatory training. All registered nurses and care staff have attended face to face training in manual handling, basic life support and fire safety. Further sessions are booked for kitchen and domestic staff. Two staff were employed as bank staff, and therefore not contracted for weekly hours. These staff are now required to complete the e learning and undertake practical training provide by the home. Records evidenced that training had been booked for bank staff. Records also evidenced that arrangements were now in place with a training company to provide manual handling, basic life support and fire safety training as part of the induction process; this will ensure that newly appointed staff will receive training in a timely manner.

A training matrix for all staff was in place and provided the manager with oversight of which staff had attended training and the date the training was due to be updated. Plans were in place for a training plan for 2019 to ensure staff continue to be provided with the necessary training to under their roles.

A review of records evidenced that the responsible individual had undertaken monthly monitoring visits in April, May and June 2018. We discussed the arrangements for the completion of the visit for July 2019. The responsible individual explained that they intended to complete a joint visit with Ms Atcheson in preparation for a change to the position of responsible individual for the home. Reports of the visits undertaken were submitted to RQIA as required.

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 18 April 2018. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 25 April 2018.

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed:</p> <ul style="list-style-type: none"> • An enhanced criminal record check • two references including one from the candidate's present or most recent employer (if any) • a full employment history together with a satisfactory explanation of any gaps in employment. Reasons for leaving previous employment with children or vulnerable adults should be recorded in the application form.
<p>Area for improvement 2</p> <p>Ref: Regulation 15(2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2018</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered persons shall ensure that the assessment of patient need is reviewed as required and no less than annually.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(4)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that flammable items are not stored at any time adjacent to escape route staircases.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that the arrangements to replace the hall and stairs carpet are progressed within a meaningful timeframe.</p>
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<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2018</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that areas for improvement identified through the auditing processes are re-audited to check for compliance.</p>
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