

Inspection Report

26 April 2024



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

Organisation/Registered Provider: Kingsfield Enterprises Limited Responsible Individual: Mrs Valerie Elizabeth Atcheson	Registered Manager: Mrs Ruth Magowan Date registered: 25 October 2018
Person in charge at the time of inspection: Ms Deborah McMamara, Nurse in Charge, 09:45 am to 11:40 am Mrs Ruth Magowan, Manager, 11:40 am to 5:20 pm	Number of registered places: 22
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 patients accommodated in the nursing home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: This home is a registered nursing home with sea views which provides nursing care for up to 22 patients. Patients' bedrooms are located over three floors. Patients have access to communal lounges, the dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 26 April 2024 from 09.45 am to 5.20 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to patient care, the dining experience and maintaining good working relationships. There were examples of good practice in relation to the culture and the ethos of the home in maintaining the privacy and dignity of patients and valuing patients and their representatives.

Three areas for improvement have been identified in relation to staff recruitment, staff training and staff registration.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and were seen to be content and settled in the home. Staff treated patients with respect and kindness. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 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 was observed and how staff went about their work.

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 Mrs Ruth Magowan, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients, staff and visitors provided positive feedback about Seaview House. Patients told us that they felt well cared for, enjoyed the food and that staff were caring and kind. Staff said that the manager was approachable and that they felt well supported in their role.

Staff spoken with said they had a good induction at the commencement of employment, the team is supportive and that Seaview House is a good place to work.

Visitors told us they were very satisfied with the care provided by staff and management. They confirmed that they could discuss concerns with the staff or the manager and were confident any issues raised would be addressed.

Patients' relatives spoken with commented:

"I was going to write to RQIA to praise the wonderful care, communication and the caring support provided by the staff and the manager. I couldn't fault the home in any way" and "Staff are great and the care is excellent. Ruth (manager) is so knowledgeable and has supported me as well as Mum to understand dementia and what to expect".

Following the inspection no patient, patient representative or staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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 4 May 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure that in accordance with NMC guidelines, contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient. This relates specifically to the recording of shower/bath records.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 37 Stated: First time	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, evidence for one staff member was unavailable to review regarding full employment history, that reasons for leaving previous employment and gaps in employment history had been fully explored and explanations recorded during the recruitment process. This was discussed with the manager and an area for improvement was identified.

Staff said that they worked well together and that they supported each other on their roles. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, dementia awareness, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety. The manager confirmed that staff training is kept under review and that further training has been arranged regarding first aid, moving and handling and face to face training in fire safety.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. However, current records to confirm that all staff had completed (DoLS) level 2 training were unavailable to view. This was discussed with the manager and an area for improvement was identified.

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. Ms Carly Atcheson, General Manager was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

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. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding nutrition, weight and mobility were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor patients' weight loss and weight gain.

Supplementary records regarding oral hygiene, personal care including the provision of showers/baths and bowel elimination were noted to be well documented.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room on the ground floor. The daily menu was displayed on a white board showing patients what is available at each mealtime and tables were nicely set with china cups, saucers and condiments. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

The cook confirmed that the daily food served including tray bakes and scones are all freshly made.

Patients said: "The food is very good. I've put on weight since I came here to live" and "The food's excellent. I get too much".

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Patient call systems were noted to be answered promptly by staff.

The bathroom on the ground floor had been recently refurbished. In the first floor bathroom, it was noted that bath side panels were not in place. This was discussed with the manager who advised a new bath and sink is planned to be installed. This will be reviewed at the next inspection.

Equipment used by patients such as hoists and walking aids were noted to be effectively cleaned.

The treatment room, the store containing patient information and the cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The monthly programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as memory games, quizzes, board games, salt dough modelling, attending a recent beetle drive, arts and crafts. After lunch, patients were observed to enjoy playing bingo with staff in the lounge.

Review of patients' activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Care records showed that staff discuss and observe patients' preferences for involvement in activity and their individual choices of preferred activities. Comments recorded showed that patients enjoyed the activities they attended.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Discussion with staff and patients' representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC). However, records of the registration status of care staff with the Northern Ireland Social Care Council (NISCC) did not evidence that all staff were currently registered with NISCC. The robust monitoring of NISCC registration was discussed with the manager. An area of improvement was identified.

Correspondence from Ms Carly Atcheson, General Manager, post inspection confirmed all staff were appropriately registered with NISCC.

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' GP, next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by patients, their representatives, the Trust and RQIA. Whilst a record was kept of engagement with patients, their representatives and persons working in the home in order to form an opinion of the standard of care provided, the reports of these visits did not include the duration of the time of the visit. It was noted that action plans were referenced in the report however there were no details of the purpose of the action plans or any review. Where action plans are referenced in the reports these should be reviewed as part of the monthly monitoring visit and progress with any actions commented on in the report. This will be reviewed at the next inspection.

The manager confirmed no complaints have been raised this year and that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Records reviewed evidenced that staff meetings were held on a regular basis. Minutes of these meetings were available. The manager confirmed that patients and their representatives had been invited to a recent meeting.

Staff said that there were good working relationships and commented positively about the manager and described her as approachable, understanding, supportive and always available to offer advice.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	1	2

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 2 Ref: Regulation 9 (2) (c) Stated: First time To be completed by: With immediate effect (26 April 2024)	<p>The registered person shall ensure that a robust system is in place to monitor staff registration with NISCC. Records must be maintained to accurately reflect that staff are registered.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: We have reviewed our audit system to ensure staff update their registration with NISCC in a timely and compliant manner.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed by: With immediate effect (26 April 2024)	<p>The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>This relates specifically to ensure that full employment history, reasons for leaving past employment and any gaps in employment records are explored and explanations recorded during the recruitment process.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: We will ensure our recruitment process will include a full employment history including any employment gaps.</p>
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 25 June 2024	<p>The registered person shall ensure that all employed staff receive mandatory training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: We will continue to ensure staff complete this training as part of their induction programme and we will update our training records in a way that makes it easier to identify compliance.</p>

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