

Unannounced Care Inspection Report 12 November 2020



Seaview House

Type of Service: Nursing Home

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

Tel No: 028 9146 0833

Inspector: Julie Palmer

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides nursing care for up to 22 persons.

3.0 Service details

Organisation/Registered Provider: Kingsfield Enterprises Limited Responsible Individual: Valerie Elizabeth Atcheson	Registered Manager and date registered: Ruth Magowan 25 October 2018
Person in charge at the time of inspection: Ruth Magowan	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: 18

4.0 Inspection summary

An unannounced inspection took place on 12 November 2020 from 09.30 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I’m well enough looked after here.”
- “I can’t complain, it’s as good as anywhere.”
- “There is enough staff; they are there when you need them.”

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	*2	4

*The total number of areas for improvement includes one under the regulations which has been stated for the second time.

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

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:

- 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 QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven patients, one patient's relative and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. We received no responses to the online staff survey within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 2 to 15 November 2020
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- registered nurse competency assessments
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records including food and fluid intake charts

- the current fire risk assessment
- the annual quality report
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 17 Stated: Second time	The registered person shall ensure an annual quality report is compiled in order to review the quality of nursing and other services provided.	Met
	Action taken as confirmed during the inspection: The annual quality report was provided to RQIA for review following the inspection. The report provided a review of the quality of nursing and other services provided in the home.	
Area for improvement 2 Ref: Regulation 29. (3)(c) Stated: First time	The registered person shall ensure monthly monitoring reports are further developed to include details of the review of staffing arrangements including registration of staff with their regulatory body, the review of safeguarding matters, of the RQIA quality improvement plan, environmental issues, care records. In addition the report should include an action plan of areas of improvement identified during the monitoring visit.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>The monthly monitoring reports were provided to RQIA for review following the inspection. The reports included good information regarding the views of patients and staff, review of incidents/accidents and updates on how the home was managing visiting and communication during the Covid-19 pandemic. However, we noted that the reports did not discuss registration of staff with their regulatory body, there was no review of the previous QIP or care records, environmental issues discussed only related to the actions required from the fire risk assessment and not the overall environment. There was no action plan and therefore no review of the previous action plan. This area for improvement was partially met and will be stated for the second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p>	Met
	<p>This relates specifically to the damaged wall in the bedroom of one of the patients.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the identified room evidenced that the wall had been repaired and the room redecorated.</p>	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty.

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due; training was mainly being completed on-line due to COVID-19 restrictions.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required. Review of the NISCC checklist evidenced that some newly recruited staff were in the process of registering; the manager told us that she has an oversight of registration applications, a record of any issues identified was maintained and staff were prompted when their registration was due.

Staff spoke positively about working in the home, they told us that teamwork was good and they felt well supported in their role although working through the COVID-19 pandemic had been challenging; comments included:

- “We all pull together and get things sorted.”
- “I love it here.”
- “As soon as there is any new information on Covid we know about it.”
- “It has been a challenge but we’ve gotten there.”
- “Teamwork is brilliant; the other girls really support me.”
- “Everyone is lovely, we help each other out.”
- “I really enjoy it here; it’s my first care job and I love it.”

We observed that staff attended to patients’ needs in a caring and timely manner. Staff told us that they were satisfied with staffing levels in the home.

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home. The manager also confirmed that all staff and patients had a twice daily temperature check recorded.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly. The manager told us that staffs’ use of PPE and hand hygiene was monitored through observations although formal audits were not completed to evidence that best practice guidelines were followed; an area for improvement was made. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room, treatment room, sluices and storage areas. The home was found to be well decorated, warm and fresh smelling throughout. Some minor infection prevention and control (IPC) issues identified were pointed out to staff and action was immediately taken to resolve these. Whilst the home was mostly clean and tidy we did observe that some areas, for example identified windowsills, required more effective cleaning. A bathroom was also cluttered and the bath required more effective cleaning. We discussed this with the manager, who told us that cleaning schedules were maintained but these would be reviewed to ensure all areas of the home were included; an area for improvement was made.

Further review of the environment evidenced that cleaning products had been left in an unlocked sluice room where patients could potentially access them. An area for improvement was made.

The manager told us that there was a system in place to ensure that frequently touched points were cleaned regularly over the 24 hour period and deep cleaning was completed as required in addition to the regular cleaning schedule.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly.

A dynamic engagement programme had been developed for the patients with a goal of maintaining and/or improving mental wellbeing. Staff discussed the importance of offering patients the opportunity to pursue their hobbies and interests; they told us that this could be challenging at present due to COVID-19 restrictions. The wellbeing lead told us that each morning she spoke to every patient as part of a 'good morning Seaview' activity; this enabled her to gauge how each patient was feeling that day. An emphasis was put on helping patients to express any concerns or worries they may have in order to provide reassurance and help them feel better.

There were lots of activities on offer, either one to one, or in small, socially distanced, groups to promote inclusion for those who preferred this. Individual patients' needs and interests were sought when planning activities which included, for example, memory games, arts and crafts, battleships, word games and reminiscence. An activity planner was on display.

Staff also discussed the importance of effective communication and told us that every effort had been made during the COVID-19 pandemic to ensure that families were kept informed and up to date. Patients were assisted to make telephone or video calls, visiting was being facilitated through ground floor window visits or by booking a designated slot and a weekly email report was sent to families.

Patients spoken with told us that they felt well looked after, staff were friendly, they felt listened to, enjoyed the food and that the home was kept clean. Comments included:

- "Most of the staff are very pleasant."
- "The food is really good."
- "They keep it nice and clean."
- "It's really important to have good food and a good cook and they definitely have that."
- "Sometimes there is too much food, I feel awful if I leave any!"
- "They clean the room well."
- "You get very fond of the staff."
- "The wellbeing lead does amazing work, she is great."

Other comments made by patients included:

- "Sometimes one (staff member) says they will be back but then doesn't bother."
- "There is not much to do, the odd afternoon there is something on, they could do with more."

We spoke to one patients' relative during the inspection; they told us that "this place is just wonderful; the staff are compassionate and lovely". This relative was providing support to their family member through the care partner initiative which the home had introduced in line with the regional guidance in this area. The relative told us that the care partner role was working really well; they felt useful and well supported by staff.

The manager discussed the introduction of the care partner role and how this was being developed; all relatives had been made aware of the care partner initiative. Staff recognised the importance of the role and how this could benefit the mental and physical health of patients. Staff had provided the care partner with training in IPC measures and use of PPE; relevant risk assessments and care plans had been completed.

We received one completed questionnaire from a relative. The respondent indicated that they were very satisfied with all aspects of care provided in the home and commented that the manager and her staff “have been excellent” and have “been willing to think creatively during this difficult time”.

All comments made were brought to the attention of the manager for information and action if required.

The manager told us that regional guidelines were being followed regarding visiting. A visiting area, with seating and a retractable/ washable screen, was set up in the home’s conservatory for pre-booked visits. Relatives could book a time slot and staff were available to assist patients and relatives as required. Staff were reminded to remove the retractable screen when not in use.

6.2.5 Care records

We reviewed three patients’ care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Patients’ weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example fortified diets, were followed. Food and fluid records reviewed were up to date.

In the event of a fall we observed that staff carried out neurological observations and updated the relevant risk assessments and care plans appropriately.

Review of wound care records evidenced gaps in recording of wound care for one identified patient and also no evaluation of the wound care provided other than on the wound care chart. Discussion with staff provided assurances that the wound had been appropriately redressed; however, there was no record available to evidence this. Additionally, the most recent wound care audit available had been completed in August 2020. An area for improvement was made.

We observed that the care records and medication administration records for two identified patients did not contain a photograph; an area for improvement was made.

6.2.6 Governance and management arrangements

The manager told us that she felt well supported in her role and that good working relationships were maintained in the home.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

A record of written compliments and thank you cards was maintained and staff were made aware of these; comments included:

- “The work you do is just amazing.”
- “Thanks for all the care and kindness this past year.”
- “A big heartfelt thank you for all the care and love given.”
- “I just wanted you to know how much we appreciate everything you all do.”

Staff were kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

A sample of governance audits reviewed contained clear action plans where deficits had been identified. However, as previously mentioned, audits were not completed regarding the use of PPE and hand hygiene and a wound care audit was last completed in August 2020.

The home’s annual quality report and monthly monitoring reports were not available in the home during the inspection. We discussed this with the manager and the responsible individual who explained the extenuating circumstances for this and provided the required information following the inspection.

As previously discussed in section 6.1 review of monthly monitoring reports evidenced that they did not include all of the specific information which had been requested. This area for improvement had been partially met and will be stated for the second time.

A current fire risk assessment was available; this included an action plan. Following the inspection the responsible individual provided RQIA with an up to date action plan detailing which works were completed or in progress; this information was reviewed by the estates inspector and found to be acceptable.

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork and consultation with other healthcare professionals. Additional areas of good practice were identified regarding communication, care delivery, engagement and activities, introduction of the care partner initiative, the culture and ethos of the home and treating patients with kindness and compassion.

Areas for improvement

Areas for improvement were identified regarding completion of PPE and hand hygiene audits to assure compliance with best practice guidelines, cleaning schedules and cleaning of identified areas and ensuring cleaning products are securely stored. Additional areas for improvement identified included wound care recording and completion of wound care audits and ensuring there is a photograph available in care records and medication administration records.

	Regulations	Standards
Total number of areas for improvement	1	4

6.3 Conclusion

Patients in the home looked well cared for, content and settled. Staff were seen to be kind and attentive to patients. The atmosphere in the home was calm and welcoming.

Following the inspection the responsible individual provided RQIA with copies of the annual quality report and monthly monitoring reports as requested.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ruth Magowan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return 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	
Area for improvement 1 Ref: Regulation 29. (3)(c) Stated: Second time To be completed by: 12 December 2020	The registered person shall ensure monthly monitoring reports are further developed to include details of the review of staffing arrangements including registration of staff with their regulatory body, the review of safeguarding matters, of the RQIA quality improvement plan, environmental issues, care records. In addition the report should include an action plan of areas of improvement identified during the monitoring visit. Ref: 6.1 & 6.2.6
	Response by registered person detailing the actions taken: Most of the above information is kept outside the RI report in QA audits which are reviewed and updated as necessary and at least monthly. In recognition of the inspectors request, this information will now also be held on the monthly RI reports going forward.
Area for improvement 2 Ref: Regulation 19 (1) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that care records and medication administration records contain a recent photograph of the patient. Ref: 6.2.5
	Response by registered person detailing the actions taken: Completed.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46.2 & 46.12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that audits are completed to assure compliance with best practice regarding use of PPE and hand hygiene. Ref: 6.2.2
	Response by registered person detailing the actions taken: Completed and in place
Area for improvement 2 Ref: Standard 46.2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all areas of the home are kept clean and free from clutter and that cleaning schedules are reviewed to ensure that these include windowsills and the identified bathroom. Ref: 6.2.3
	Response by registered person detailing the actions taken: We have increased our housekeeping team and are compliant with the above area of improvement.

Area for improvement 3 Ref: Standard 47 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all staff are aware of safe and healthy working practices regarding storage of cleaning products and control of substances hazardous to health (COSHH). There should be a system in place to ensure that cleaning products are securely stored at all times and not accessible to patients.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: HM has re-enforced the COSHH policy and procedures with staff. In place.</p>
Area for improvement 4 Ref: Standard 4.9 Stated: First time To be completed by: With immediate effect	<p>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.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The HM has re-enforced the need to record actions taken in the comprehensive wound management protocols already in place with the nursing team. In place</p>

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



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