



Unannounced Enforcement Care Inspection Report 25 June 2018



Seaview House

Type of Service: Nursing Home
Address: 276 Seacliff Road, Ballyholme, Bangor, BT20 5HS
Tel no: 028 9146 0833
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: Mrs Clair O'Connor
Person in charge at the time of inspection: Fiona Gilmore 10:00 – 11:00 hours Clair O'Connor 11:00 – 12:30 hours	Date manager registered: 21 April 2015
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 June 2018 from 10.00 to 12:30 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 June 2018.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000001 issued on 25 April 2018.

Evidence was not available to validate full compliance with the above Failure to Comply Notice. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 25 June 2018 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 25 July 2018.

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 the previous care inspection on 18 April 2018. No further areas for improvement were identified as a result of this inspection.

Ongoing enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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

The following records were examined during the inspection:

- Registered manager's duty rota for the period 30 April – 30 June 2018
- 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 18 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP will be validated by the care inspector at the next care 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 registered manager's rostered hours evidenced that, with the exception of one week, they were allocated eight hours per week to undertake management duties. On the week of the inspection this was reduced to two hours due to having to cover an additional shift as a registered nurse. A review of audit records identified gaps in the governance arrangements and the effectiveness of the quality monitoring systems in the home; there was no evidence that management tasks were being undertaken by any other person in the home. We were not fully assured that the hours allocated to the registered manager to undertake management tasks were sufficient.

A review of records confirmed that a process was now in place to monitor the registration status of care staff with the NISCC. However the date that staff were due to pay the annual fee was not included in the records; failure to pay this fee would render the registration invalid. Therefore, although there had been some improvement, the current system was not sufficiently robust in ensuring care staff were appropriately registered.

A review of training records evidenced that all permanent staff had attended face to face training in manual handling and basic life support during May and June 2018. The registered manager explained that a training plan had been put in place and that staff had been informed that all of the e learning mandatory training must be completed by 31 May 2018. Records evidenced that whilst the majority of staff had completed the identified training, a number of staff had not. A member of staff who commenced employment at the beginning of June 2018 had not completed any training by the date of this inspection.

There were a number of staff who were employed as bank staff; the registered manager explained that, as they were not contracted for weekly hours in the home, evidence was requested of training undertaken in their full time employment to ensure mandatory training needs were met. These records had not been received at the time of this inspection; therefore there were no records to evidence what mandatory training these staff had completed.

A training matrix was in place to provide oversight of staff compliance with e learning. However, the deadline for completion of mandatory training had passed and there was no evidence of any follow up with staff who had not complied with the training plan. Although there was a matrix in place for e-learning, there was no training matrix in place, or a system to provide management with oversight of staff attendance at face to face training.

A review of records evidenced that the responsible individual had undertaken monthly monitoring visits in April, May and June 2018, however the information in the report was very general and did not evidence that the visits were undertaken in accordance with regulation. The reports were available in the home but lacked detail, of any interviews conducted with patients, their representatives and staff, review of records of events and any outcome of a review of the actions identified in the failure to comply notices.

The reports of the visits undertaken in April, May and June 2018 were not received by RQIA within the timescale detailed in the Failure to Comply Notice.

Evidence was not available to validate full compliance with the Failure to Comply Notice. There was evidence available to confirm that some progress had been made toward achieving compliance and the above notice was extended with a compliance date of 25 July 2018.

6.4 Conclusion

Evidence was not available to validate compliance with the above Failure to Comply Notice. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting on 25 June 2018 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 25 July 2018.

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/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 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 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>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.
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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>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>The registered persons shall ensure that the assessment of patient need is reviewed as required and no less than annually.</p>
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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>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>The registered person shall ensure that flammable items are not stored at any time adjacent to escape route staircases.</p>
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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.

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>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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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.

Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 16 May 2018	The registered person shall ensure that areas for improvement identified through the auditing processes are re-audited to check for compliance. 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.
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Please ensure this document is completed in full and returned via Web Portal



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