

# Unannounced Care Inspection Report 1 & 2 December 2020



## Seapatrick

**Type of Service: Nursing Home (NH)**  
**Address: 80 Lurgan Road, Seapatrick, Banbridge, BT32 4LY**  
**Tel no: 028 4062 8289**  
**Inspector: Nora Curran**

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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 nursing home registered to provide nursing care for up to 60 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Four Seasons Health Care</p> <p><b>Responsible Individual:</b> Dr Maureen Claire Royston</p>	<p><b>Registered Manager and date registered:</b> Shily Paul – registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Shily Paul</p>	<p><b>Number of registered places:</b> 60</p> <p>A maximum of 38 patients in category NH-DE located in the Dementia Unit and a maximum of 22 patients located in the General Unit. Category NH-PH for 1 identified person only and category NH-MP(E) for 1 identified person only.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 57</p>

### 4.0 Inspection summary

An unannounced inspection took place on 1 December 2020 from 10.00 hours to 17.15 hours, and 2 December 2020 from 10.00 hours to 14.50 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 following areas were examined during the inspection:

- staffing
- environment and Infection Prevention and Control (IPC)
- care delivery
- governance and management.

Patients in the home were observed to be well looked after. They told us:

- “The staff are all good, I couldn’t say a bad word about them.”
- “I like a good laugh and I get it.”

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
<b>Total number of areas for improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Shily Paul, 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 ten patients, two patients’ relatives and 15 staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Ten patients’ questionnaires and ten patients’ relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the allocated visiting room.

No responses to the staff survey were received within the timeframe allocated. Two completed questionnaires were returned by relatives and their feedback is included in the body of this report.

The following records were examined during the inspection:

- duty rotas from 23 November to 6 December 2020
- three staff recruitment files
- records confirming registration with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- staff training records
- staff competency records
- a sample of individual patient agreements
- three patients' care records
- a selection of governance audits
- complaints and compliments records
- incident and accident records
- 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 31 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 2.8 <b>Stated:</b> Second time	The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of four patients' individual agreements were selected and reviewed.	

	<p>We found that written agreements were updated to reflect the current terms and fees.</p> <p>In the case of two patient agreements we could see that anomalies in patients' or their representatives' ability to sign was appropriately documented.</p>	
<p><b>Area for improvement</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and is kept up to date.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Daily menus were available and on display on each dining table.</p> <p>We noted that the organisational four week menu did not correlate with the daily menu in the home. Please refer to section 6.2.3 for further detail.</p>	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. A review of the duty rotas from 23 November to 6 December 2020 evidenced that the planned daily staffing levels were adhered to. We noted that the manager's name and capacity in which manager hours were worked were not always stated on the duty rota. This was addressed with the manager and rectified at the time. Following the inspection the manager also submitted evidence that the managers details were included on the off duty template to ensure this information is available on future duty records.

Staff spoken with on the day of the inspection were generally happy with the staffing levels and skill mix. Some staff commented on work pressures resulting from unplanned staff absences, but acknowledged that attempts are always made to cover the shift and they are able to complete the main duties, albeit with added workload. Out of six staff spoken with on the dementia unit over both inspection days, three staff stated that they felt there were not enough planned staff on during the day. Observations over both days indicated that, while staff were seen to be busy at certain times of the day such as meal times, duties were completed in an organised and focused manner. During these times patients were observed to be looked after and unhurried. The staff concerns raised in relation to staffing levels were also discussed with the manager who agreed to review the dependency levels within these units and to update RQIA of her findings within an agreed timeframe. The manager later submitted written confirmation that dependency assessment updates had been conducted on each patient which assisted the manager to determine that staffing levels were adequate to meet the assessed needs of the patients.

Staff recruitment records showed that the necessary checks were completed prior to staff commencing work in the home. We could see that induction records for the relevant roles were maintained and that the two most recent employees held their induction documents in their departments for ongoing mentoring.

There was a system in place for the monitoring of relevant staffs' registration status with NMC and NISCC. This was reviewed monthly by the manager. We noted that one registrant's name appeared differently on the NMC register to that which was recorded on the duty rota. This was discussed with the manager who confirmed that this person recently changed their surname and the duty rota was changed to reflect this staff member's name as stated on the register.

A review of nurse in charge and medicines management competencies showed that all relevant staff had been updated for 2020.

Training records evidenced that mandatory training was reviewed by the manager on a monthly basis and showed good compliance in relation to fire safety, infection prevention and control, safeguarding, first aid and moving and handling. In preparation for the implementation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) (NI) 2016, all staff working in cares homes are required to complete training to a minimum of level two (or higher depending on their role). We found that only the manager had completed training on Mental Capacity Act (NI) 2016. An area for improvement was made.

The returned relative questionnaires indicated that they were very satisfied that the home was safe, with one saying "It is a good home; my (relative) is safe here." Neither of the completed questionnaires expressed any concern about staffing levels.

One patient expressed dissatisfaction with some aspects of their experience in the home, which included some staffs' attitudes, visiting arrangements and catering. Several times during the inspection we observed this patient express their needs and wishes, and could see staff responding in a timely and professional manner. This was discussed with the manager who confirmed that they were already aware of this patient's dissatisfaction and that they were working towards improving the patient's experience while liaising with the next of kin and trust key worker.

In relation to staff and staffing, patients told us:

- "Very pleasant people, they help me...you might have to wait a couple of minutes sometimes if they are with someone else, but no longer than minutes."
- "They are very good...I ring the bell and they come, they are very punctual."
- "The staff are all good."

A relative said:

- "The staff are helpful and friendly...communication is very good, the head nurse always rings me."
- "We've been to other homes and we are happier here."

Staff said:

- “I think there is enough staff on...there are also a lot of different ages and experience which is good.”
- “There is enough staff but it can be hard if someone rings in sick...but all gets done.”
- “There is usually enough staff on, that has improved from before.”
- “I’ve worked in other care jobs and prefer it here.”
- “Staffing is good.”
- “Staffing is better now than it was...everyone does their best.”
- “There is not enough staff on here...today on this side we have three care assistants and one nurse and 15 patients...it depends on the teamwork.”
- “There is not really enough staff on sometimes...if someone rings in sick it’s hard, we need three care assistants on each side all day.”
- “Staffing numbers are good except when someone rings in sick...doesn’t happen as much now.”
- “We have flash meetings every day with other departments, they are good.”
- “There is lots to do every morning...I think we need more staff on.”

### **6.2.2 Environment and Infection Prevention and Control (IPC)**

We reviewed the home’s environment, this included observations of a sample of patient bedrooms, communal lounges and dining rooms, communal bathrooms, stores and sluice rooms, and the visiting area. The home was found to be warm, well-lit and decorated to a good standard. Fire exits were seen to be free from obstruction.

While the general areas of the home were clean, we noted some areas that required either additional cleaning or amendments to ensure IPC standards were maintained. We observed that in two store rooms clean linen was being stored on the floor. This was discussed with the manager who told us that this issue had already been highlighted though routine auditing and that maintenance had been assigned to put in additional shelving near the ground to stop the practice of placing linen on the floor. This will be reviewed at the next inspection.

We found that the undersides of some soap and alcohol dispensers were visibly dirty or stained, and nurse pull cords in communal bathrooms were found to be uncovered and could not be effectively cleaned. An area for improvement was made.

The home was operating a visiting policy in line with the Department of Health (DOH) COVID-19 visiting guidance. Visits took place by appointment only and visitors were monitored for symptoms through health declarations and temperature monitoring. Visitors came in through assigned entrances, and PPE and hand sanitiser was provided. In the general unit a visiting room was set up to encourage social distancing and the activities lead would help co-ordinate where required. The visiting room in the dementia unit had a partition screen in place to reduce the risk of close contact. We observed visiting on both units and could see that IPC measures were followed and visitors and patients were afforded privacy during this time. One patient commented that they felt the visits were too short.



Staff were seen to practice good hand hygiene and wore Personal Protective Equipment (PPE) appropriately. Staff spoken with said they were equipped with the skills and knowledge to work safely during the pandemic, that they were regularly updated with changes to the COVID-19 guidance and had access to written guidance. Staff told us they had adequate PPE supply which married up with our observations of PPE donning stations and store rooms.

The home was participating in the planned and regular COVID-19 testing of staff and patients and staff expressed that this provided reassurances that the IPC measures helped protect everyone in the home.

Patients said:

- “They are coping well with the COVID...I feel safe.”
- “Place is clean.”

Relatives said:

- “They have done well with regard to COVID...the cleanliness is good.”
- “I would like to get visiting more frequently...but they’ve done well to keep the virus out...it’s been a very stressful time...I phone (relative) every day.”

Staff said:

- “I’m happy now we are being tested and the temperature checks daily help...always plenty of PPE.”
- “The manager and deputy are very good at keeping us up to updated and there is a folder with all the info in it.”
- “I feel safe in work...there are deep cleans happening everyday...when domestic staff go off the care staff take over the touchpoint cleaning.”
- “There are flash meetings every day and the nurse passes on any changes in guidance to us.”
- “Absolutely feel safe, especially now we are being tested...gives assurances.”
- “I feel safe in work...it’s up to us to follow the protective measures...we are kept up to date with the guidance...the visiting is also working well and it’s good for the patients.”
- “There is always enough supply of PPE.”
- “I feel very safe in work cause I know the measures were put in place very early on in the pandemic...the patients are our priority and we have a responsibility outside of work to protect them.”

### **6.2.3 Care delivery**

On both days of inspection we arrived to the home in the morning and observed that patients were at various natural stages of their morning routine, with some relaxing in communal areas, some moving between communal areas and their own private bedrooms and some patients were in bed by their own choice or needs.

On the general nursing unit we observed activities such as crafts, listening to music and a Christmas movie on a large projector screen, which a variety of patients said they enjoyed while social distancing. Patients spoken with on the nursing unit told us that they enjoyed the activities program and could pick and choose what they liked. These patients also told us they had individual alternative options to occupy their time such as reading, watching TV or contacting family. During the inspection we did not observe the same level of activities on the dementia unit. This was discussed with the manager and staff. Some staff said that they did not observe organised activities in the dementia unit, while some told us that on occasion, prior to the pandemic, one or two patients would be escorted to the activity room in the general nursing unit to watch a movie. The manager explained that two activity coordinators were employed and their time was to be allocated equally between both patient groups. A review of patient records indicated that some patients had not been offered activities in several months. This was not reflective of the homes own statement of purpose which states that for the patients with dementia, 'great emphasis is placed on activity and engagement.' An area for improvement was made.

We observed lunch service in both units over the two days. Staff were seen to maintain food handling standards and wear appropriate PPE. The serving of meals was organised and unhurried. Patients dined in a variety of locations of their own choosing and we could see that, as per COVID-19 guidance, social distancing was facilitated in the communal dining rooms. The atmosphere was relaxed, with seasonal background music played at an appropriate noise level. Staff were observed to engage in social conversation with patients and provide encouragement, supervision or assistance where required. A daily menu was on display on each dining table and we observed staff assisting those patients who could not readily read the menus with choices. We noted that while the daily menu matched the food being served, this was not reflective of the four week menu planner on display in dining rooms. This was discussed with the manager who informed us that patients had been requesting alternative meals to that which was on offer on the organisation's menus. The home arrange a patient food satisfaction survey and 22 patients provided suggestions of meals that were more in keeping with Northern Ireland cuisine and that they would like to see in the home. The survey findings had been sent to the organisation's head office for consideration and the manager told us that a new four week menu planner was being produced to include the patients' suggestions. This meaningful engagement with patients was commended.

Care records for three patients were reviewed. A range of assessments, to identify each patient's needs were completed on admission to the home and reviewed at least monthly. Care plans were developed to address identified needs. There was evidence of patient and or family involvement in the development of care plans and, where it was required, consent was obtained for interventions such as restrictive practice. Where specialist input was required, we could see that referrals were made appropriately in response to identified needs to the respective disciplines, such as speech and language therapy (SALT), dietetics, and tissue viability nurse. Recommendations made by specialist services were documented in the care plans. We noted that there were some inconsistencies in the documenting of pressure relieving devices, such as type of airflow mattress and individual required setting. An area for improvement was made.

Patients said:

- “I think it’s a good sign that I came in for respite and now I’m able to move to a fold...they rehabilitated me.”
- “The curry today was gorgeous.”
- “The food is great now...the food before you couldn’t eat it, now I’d eat you out of house and home, it’s great.”
- “The food has got better lately.”
- “I enjoyed my lunch today...food is lovely.”
- “There is plenty to do to keep occupied.”
- “If I had a complaint I would say to them absolutely.”

One staff member said “I would and have recommended this home to people I know.”

#### **6.2.4 Governance and management**

There had been no changes to the management arrangements since the last inspection. The manager expressed that they were supported by the regional manager and deputy manager.

A number of governance systems were in place and we reviewed a selection of these which included accident and incident analysis, complaints records, restrictive practice register, provider monthly monitoring visits and audits such as wound care and IPC. NMC and NISCC monitoring and mandatory training governance is discussed in section 6.2.1.

We found that the auditing systems clearly stated what was looked at, the findings, and anomalies and actions required. The action plans were shared with the relevant staff and the manager signed off when completed. There was evidence of good communication of audit findings in the daily flash meetings. Provider monthly monitoring visits were completed and a written report provided to the manager. There was evidence of consultation with patients, staff and relatives when available. Action plans were put in place and there was evidence of progress made from previous monitoring visits.

Staff told us:

- “The manager and deputy are very good...they keep us right.”
- “Shily (manager) is approachable...she is brilliant.”
- “I think the home is managed very well.”
- “Management do a good job, especially getting cover for sick leave.”
- “The manager does a good job...she shows her face often enough round the floors...I feel we are listened to.”
- “Management are doing their best.”
- “It’s well managed and there is a good deputy.”
- “Management is average.”

## Areas of good practice

Areas of good practice were identified with regard to governance systems, use of PPE and staff commitment to patient care. Further areas of good practice were seen in relation to the patients' dining experience and consultation with patients on menu planning.

## Areas for improvement

Areas for improvement were identified in relation to MCA training, environmental IPC, provision of activities in the dementia unit and care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

### 6.3 Conclusion

Patients looked well cared for, in that they were well groomed and comfortable in their surroundings. Staff and patients spoke in positive terms about how they felt the COVID-19 pandemic was managed within the home.

Some staff expressed concern about staffing levels in the dementia unit while other staff, patients and relatives expressed no concerns with staffing levels. The manager reviewed the dependency levels within the unit and later confirmed that the staffing levels and skill mix for that time were adequate to meet the assessed needs of the patients. This was consistent with observations made at the inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shily Paul, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 39.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2021</p>	<p>The registered person shall ensure that all staff have completed training in relation to the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), to a level appropriate to their role and responsibilities.</p> <p>All staff should complete training to level 2 and have a general awareness and understanding of deprivation of liberty.</p> <p>Staff with direct responsibilities in caring for patients who may be deprived of their liberty, pre-admission assessments and taking charge of the home should complete training to level 3.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been commenced and ongoing. 65% staff have already completed the training. The rest of the staff are reminded again. This will be reviewed on 26<sup>th</sup> January 2021.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all areas of the home are maintained to a hygienic standard to reduce the risk of infection to patients, staff and visitors.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• The covering of nurse call pull cords to allow for effective cleaning.</li> <li>• Efficient cleaning of undersides of dispensers for soap, hand sanitiser, paper towels and toilet paper.</li> </ul> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Pull cords are covered which enables effective cleaning. Efficient cleaning was completed under all dispensers. This will be continued. The cleaning documents evidence same. Home Manager will monitor during the daily walk arounds and also on the IPC audits.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that provision of activities is equitable for all patients living in the home.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Discussed with Activity Leader, and plans made for meaningful activities for all residents. The activity planner reflects daily activities. Individual activity documents are updated and readily available. Home Manager will monitor these as part of care documentation reviews.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 December 2020</p>	<p>The registered person shall ensure that individual care records reflect up to date interventions.</p> <p>This is with specific reference to the documenting of pressure relieving devices in use and the required settings, if applicable.</p> <p>Ref: 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> An audit has been carried out and identified issues rectified. Residents who are using pressure relieving mattresses have a care plan which specify required settings. Mattress settings and careplans are checked twice per day and records available, Home Manager to sample/verify as part of daily walk around.</p>

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



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