



The Regulation and
Quality Improvement
Authority

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BT32 4LY

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**Unannounced Care Inspection
of
Seapatrick Care Home**

04 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 04 February 2016 from 11.30 to 16.30 hours.

The inspection sought to assess progress with the issues raised during and since the previous inspection.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. A review of the Quality Improvement Plan (QIP) from the previous inspection evidenced that all five requirements were met. Both recommendations were met.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 02 September 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Edel McCaughley, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Healthcare Maureen Claire Royston	Registered Manager: Edel McCaughley
Person in Charge of the Home at the Time of Inspection: Edel McCaughley	Date Manager Registered: 18 March 2015
Categories of Care: NH-MP(E), NH-I, NH-DE, NH-PH	Number of Registered Places: 60
Number of Patients Accommodated on Day of Inspection: 50 Total 30 Dementia unit 20 Frail Elderly unit	Weekly Tariff at Time of Inspection: £593

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection. Two whistle blowing incidents had been reported to RQIA 19 and 21 January 2016.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the following areas:

- meal and mealtimes
- staffing and communication
- wound care management
- administration of medications; and
- training

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with staff
- discussion with patients
- discussion with relatives
- a review of records
- a tour of the premises; and
- evaluation and feedback

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection; and
- the previous care inspection report

During the inspection, we met with fifteen patients individually and the majority of patients in small groups, two registered nurses, five care staff, three ancillary staff and three patients' relatives.

The following records were examined during the inspection:

- record of meals
- staff meetings
- training records
- complaints record; and
- care records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 02 September 2015. The completed QIP was returned by the registered person and approved by the care inspector.

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 16</p> <p>Stated: Second time</p>	<p>The registered person must ensure that a written nursing plan is prepared by a nurse in consultation with the patient or patient's representative as to how the patient's needs in respect of their health and welfare are to be met, and at all times planned care is delivered as prescribed.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Four care plans were reviewed and they were found to be in keeping with the patients' needs and following discussion from nursing and care staff it was evident that planned care was being delivered as prescribed.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all care records are reviewed to ensure they are up to date and reflective of the current care needs of the patients.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of four care records evidenced that care plans were up to date and completed in keeping with care needs of patients. One care record reviewed evidenced that care was delivered as planned. However the on-going wound care chart had not been updated in keeping with the homes' policies and procedures. A recommendation is made in this regard.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p>	<p>The registered persons must ensure that when patients are identified as requiring palliative care that the care record is updated to reflect their care needs and is regularly evaluated.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of one patient requiring palliative care evidenced that the care record was updated to reflect their care needs and there was evidence in the care record that it was regularly evaluated.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that the issues identified in section 5.4.1 shall be addressed and mealtimes are reviewed and re-organised to ensure meals are served in keeping with best practice guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: The serving of the lunch time meal was observed in all units of the home. All dining areas were well organised by staff and the meals were served in an organised manner and the meal time was being led by the registered nursing staff. All meals were observed to be served in a timely manner and were also served at the correct temperature. There were no issues raised during the inspection regarding the serving of the meal.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p>	<p>The registered persons must ensure that all the issues raised in relation to the management of care records as listed in section 5.4.2 are addressed as a priority.</p> <hr/> <p>Action taken as confirmed during the inspection: Four care records were reviewed in each unit of the home. They were found to be reviewed since the previous inspection. A copy of the care file update schedule was provided during the inspection and it was evident that all care records had been updated within four weeks of the previous inspection. Care audits are continuously completed to ensure this requirement is continuously adhered to. Records are maintained of the audits completed.</p>	<p>Met</p>

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35 Stated: First time	The registered manager shall inform RQIA when the process of reviewing all the care records is complete.	Met
	Action taken as confirmed during the inspection: The registered manager informed RQIA when the process of reviewing all the care records was completed.	
Recommendation 2 Ref: Standard 7 Stated: First time	The registered person shall review the comments made by the staff member and where appropriate ensure the comments are addressed as stated in section 5.4.3 of the report.	Met
	Action taken as confirmed during the inspection: A review of the staff meetings and discussion with staff evidenced that comments made in the previous report had been addressed.	

5.2 Additional areas examined

5.2.1 Meals and Mealtimes

The inspector reviewed the serving of the lunch time meal in all of the units the home. The meals were served in an organised timely manner. Pureed meals appeared appetising. The registered nursing staff in all units were directing the serving of the meals. Clothing protectors were in use and patients were being assisted in a timely way with their meals. Specialised equipment was observed served to be in use for patients who required it. Staff were aware of the menu being served and it was served in a dignified manner.

5.2.2 Staffing

The registered manager stated that in recent times that three registered nursing staff had left employment. Agency staff are in use to ensure staffing is in keeping with the dependency requirements of the patients. Staff spoken with in all units stated that staffing numbers were generally maintained in sufficient numbers to meet the needs of patients. A new deputy sister has recently been employed. All staff spoken with stated that they were confident that they could approach management in the home if they had any concerns or wishes. Staff spoken with also confirmed that regular staff meetings were now being held and all felt that morale in the home was good.

Three relatives spoke highly of care in the home they felt that staff were kind, considerate and tended to patients needs in a timely and dignified manner.

5.2.3 Wound care management

A review of care records evidenced that wounds/pressure ulcers were being tended to in a timely way and in keeping with the prescribed care. One care record evidenced that there was no ongoing wound care chart in place in keeping with good practice and the home's policies and procedures. The registered manager agreed to ensure this care record was updated as a priority and a recommendation is made in this regard.

5.2.4 Administration of medications

The administration of medications following the lunch time meal was observed to be administered in keeping with best practices. Discussion with registered nursing staff confirmed the correct procedure for the disposal of medications and the procedure to be taken should medications be refused by patients. Records were appropriately maintained. Registered nursing staff also described the correct procedure for administering prescribed insulin and confirmed that this was usually administered in the patients' bedroom. There were no medicines management issues raised during the inspection.

5.2.6 Training

Training records evidenced that staff had received their mandatory training this included moving and handling of patients and safeguarding vulnerable adults. One training issue was raised during the inspection regarding a patient displaying behaviours which challenge. Staff spoken with confirmed that they had received training in the management of distressed behaviours. However, felt challenged at times regarding one patient's diagnosis. This issue was discussed at length with the registered manager who agreed for specialised training for staff in this area. The registered manager agreed to source this training as soon as possible and agreed to maintain records of the training and confirm to RQIA in the returned QIP that the training has been completed. A requirement is made in this regard.

Areas for Improvement

One recommendation is made regarding care records. A requirement is also made that training is provided for staff regarding the identified patient as discussed in section 5.2.6.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Edel McCaughley, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (c) (iii)</p> <p>Stated: First time</p> <p>To be Completed by: 20 March 2016</p>	<p>The registered shall ensure that specialised training for staff is provided as soon as possible. The registered manager shall ensure that records of the training is maintained and will confirm to RQIA in the returned QIP that the training has been completed.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Specialised training for staff has been sourced and we are currently awaiting confirmation of available dates for completion of training.</p> <p>All staff who attend training will be entered onto the existing training register.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be Completed by: 20 March 2016</p>	<p>The registered manager shall ensure that an ongoing wound care chart is maintained with patients with a wound or pressure ulcer. The registered manager should ensure that the identified care record is updated as a priority.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All ongoing wound charts have been updated, photographs obtained of the wounds and care plans updated as required.</p>

Registered Manager Completing QIP	Edel McCaughley	Date Completed	04.03.16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	09.03.16
RQIA Inspector Assessing Response	Donna Rogan	Date Approved	15/03/16

**Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address*