



Unannounced Follow Up Care Inspection Report 12 March 2019



Seapatrick

Type of Service: Nursing Home (NH)
Address: 80 Lurgan Road, Seapatrick, Banbridge, BT32 4LY
Tel No: 028 4062 8289
Inspector: Julie Palmer

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Janine Curran	Date manager registered: Janine Curran- application received - “registration pending”.
Categories of care: 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.	Number of registered places: 60 A maximum of 39 patients in category NH-DE located in the Dementia Unit and a maximum of 21 patients located in the General Unit. Category NH-PH for 1 identified person only and category NH-MP (E) for 1 identified person only.

4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 09.30 to 16.05.

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 progress with issues identified for improvement at the previous care inspection carried out on 26 July 2018.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- meals and mealtimes.

Patients said:

- “I like it here.”
- “No problems.”
- “Good enough here.”

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	0	*2

*The two areas for improvement under the standards have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Janine Curran, manager, and Lorraine Thompson, regional 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.

4.2 Action/enforcement taken following the most recent inspection dated 14 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent 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 eight patients, two patients' relatives and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' relatives. Ten patients' questionnaires and ten patients' relatives' 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 'Have we missed you 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.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hallway.

The following records were examined during the inspection:

- duty rotas from 4 March to 17 March 2019
- a sample of the monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- a sample of governance audits
- staff training records
- incident/accident records from August 2018
- five patient care records and supplemental care charts

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 dated 14 February 2019

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 July 2018

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 27 (4) Stated: First time	The registered person shall ensure that all fire exits in the home are clear and kept free of clutter.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed this area for improvement had been met.	

<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staffing arrangements and deployment of staff throughout the twenty four hour period is in accordance with the needs and dependency of patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager, review of the duty rota and observation of the daily routine evidenced this area for improvement had been met.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the dignity of patients is respected and staff are trained in respect of effective and meaningful communication with patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of staff interactions with patients and review of the training record evidenced this area for improvement had been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 3 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an application to vary the registration of the home is submitted to RQIA regarding the information on the home's certificate of registration.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the registration status and the registration certificate of the home confirmed this had been completed.</p>		
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall review the management of menus to ensure they are easily read and correct.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the dining experience confirmed this area for improvement had been met.</p>		

Area for improvement 2 Ref: Standard 45 Stated: Second time	The registered person shall ensure equipment is appropriately stored at all times.	Met
	Action taken as confirmed during the inspection: Review of the environment and discussion with staff evidenced that equipment was stored appropriately.	
Area for improvement 3 Ref: Standard 41.4 Stated: First time	The registered person shall ensure that the skill mix of staff on duty throughout the twenty four hour period is in accordance with the care standards. The role of pre-registration nurses should be kept under review.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the duty rota evidenced this area for improvement had been met.	
Area for improvement 4 Ref: Standard 23 Stated: First time	The registered person shall ensure that nursing care records reflect that wound care management is being undertaken in accordance with NICE guidance on management and prevention of pressure damage.	Partially met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed registered nurses had received training in wound management and prevention of pressure damage. Review of care records evidenced wound care recording was not consistently undertaken in accordance with NICE guidance.	
Area for improvement 5 Ref: Standard 18.8 Stated: First time	The registered person shall ensure that where a restrictive practice is in use, for example; specialist seating being maintained in the tilt position, patient care records accurately reflects the rationale and monitoring of this.	Partially met
	Action taken as confirmed during the inspection: Care records reviewed for use of a restrictive practice evidenced assessment, care planning and monitoring of this but not the rationale.	

Area for improvement 6 Ref: Standard 7 (3) and (9) Stated: First time	The registered person shall ensure that an effective and meaningful communication medium is made available to meet the needs of patients' linguistic backgrounds.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff and review of care records evidenced this area for improvement had been met.	
Area for improvement 7 Ref: Standard 12 Stated: First time	The registered person shall ensure that patients who require a modified diet are afforded choice at mealtimes; records should be available to evidence patient choice.	Met
	Action taken as confirmed during the inspection: Discussion with staff and review of the mealtime experience evidenced this area for improvement had been met.	

6.3 Inspection findings

6.3.1 Staffing Arrangements

We reviewed the duty rotas from 4 March to 17 March 2019. Staffing levels were maintained as planned and the care delivered by the number and skill mix of staff of duty was observed to safely and effectively meet the needs of patients. Staff attended to patients' needs in a dignified, timely and caring manner, they were responsive to call bells and the daily routine was observed to be calm and unhurried. Patients were observed to be well groomed and well cared for.

However, some of the staff spoken with were not satisfied there was sufficient staff on duty to meet the needs of the patients. Staff also said that on occasions staffing levels were affected by short notice leave and they felt shifts were not always 'covered'. One member of staff commented that she had discussed her concerns with the manager and felt she had been listened to. These comments were brought to the attention of the manager and the regional manager who confirmed dependency levels were regularly reviewed and informed the staffing requirements in the home. They also confirmed short notice leave was mainly 'covered' by bank staff but agency staff were also used if necessary to ensure staffing levels were maintained at required levels.

Staff commented positively about teamwork in the home, they demonstrated their knowledge of the patients' needs and we observed caring and compassionate interactions between staff and patients.

We also sought staff opinion on staffing levels via the online survey; no responses were returned.

Patients spoken with indicated they were well looked after by the staff and felt safe and happy living in Seapatrick. One patient commented that staff were “very decent” and he had no complaints.

Relatives spoken with indicated they had no concerns about staffing levels. However, one relative mentioned that if agency nurses were on shift she felt they did not understand her relative’s needs as well as permanent staff. This comment was brought to the attention of the manager and regional manager who confirmed that when using agency staff block bookings were made, as far as possible, to ensure continuity for patients. Comments from relatives included:

- “No complaints, care is excellent.”
- “Staff are excellent, I have no problems knowing who to speak to.”

We also sought patient and patients’ relatives’ opinions on staffing via questionnaires; no responses were returned.

6.3.2 Environment

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, nurses’ stations and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, patients’ relatives and staff spoken with were complimentary in respect of the home’s environment. A variety of methods were used to promote orientation, for example, photographs, clocks, prompts for the date and appropriate signage.

Fire exits and corridors were free from obstruction. Equipment was observed to be appropriately stored and was not obstructing corridors or fire exits. Isolated environmental issues brought to the attention of the manager were resolved on the day of inspection.

We observed that some bedrooms had been fitted with new vanity units, these looked fresh and modern. Discussion with the manager and regional manager confirmed there was a rolling programme in place to replace vanity units in all bedrooms and also equipment, such as shower chairs, as necessary.

Bedrooms were observed to be personalised with items that were meaningful and relevant to the patient; the patient’s named nurse and keyworker names were helpfully displayed on a white board in each bedroom. Lounges were observed to be well decorated and welcoming; they were well equipped with a TV and music system, a notice board displaying the date, magazines and books.

6.3.3 Care Records

We reviewed five patient care records for the management of potential restrictive practice, wound care, pressure area care, nutrition and communication. These evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Supplemental care records evidenced contemporaneous recording of food and fluid intake over the 24 hour period.

We reviewed the management of potential restrictive practices and found that care records reflected assessment, care planning, consultation with the patient and/or their relative and evaluation of care provided. However, the rationale for the restrictive practice, for example, why a chair was to be positioned in the 'tilt' position, was not recorded. This has been identified as an area for improvement for the second time.

We reviewed the management of wound care and pressure area care. Care records were found to include appropriate assessments, care plans, body maps and wound charts. There was evidence of referral, where required, to the tissue viability nurse (TVN), dietician or General Practitioner (GP) and that care plans were reviewed following advice from these other healthcare professionals where necessary. However, we found that recording on wound charts and in daily records was not contemporaneous in all care records reviewed for those patients who had wounds. Staff spoken with confirmed dressings had been changed and dressings were observed to be clean and fresh. Staff demonstrated their knowledge of pressure area care and repositioning charts reflected the recommended schedules from individual patients' care plans; training in this area has been implemented into practice. Wound care management, specifically recording of wound care, has been identified as an area for improvement for the second time.

Review of the care record for a patient who had linguistic communication needs evidenced that staff understood those needs and had made appropriate arrangements to ensure effective communication was maintained. This had been achieved by a combination of staff having an understanding of the patient's gestures and non-verbal cues along with them learning some simple words and phrases in the patient's first language. The patient's relatives had assisted staff to learn these simple phrases and words and had also ensured these were displayed in the room as a further aid to communication. Discussion with the manager evidenced that alternative methods of communication had been explored and ruled out due to other factors and the patient's relatives had been fully involved in managing and care planning of communication needs. Staff spoken with were confident communication was well managed and effective for this patient.

6.3.4 Meals and Mealtimes

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Tables were clean and nicely set with napkins, cutlery and condiments; a choice of drinks were available throughout the meal. Patients wore clothing protectors if required and staff were observed to be assisting them appropriately during the meal which was overseen by a registered nurse.

The food on offer was attractively presented, appeared appetising and reflected the menu of the day which was displayed in a written format on each table. Staff spoken with and review of records confirmed all patients, including those requiring modified diets, were offered two choices of menu daily and other options were available if requested. Staff demonstrated their knowledge of patients likes and dislikes and which patients required modified diets and/or fluids and how to prepare thickened fluids if necessary.

Patients spoken with were complimentary about the food on offer and those unable to communicate their thoughts appeared to enjoy their meal. The lunchtime experience appeared to be calm, unhurried and well managed, staff were observed to be appropriately engaging with patients and each other to ensure this was a pleasurable part of the daily routine.

Areas of good practice

There were examples of good practice found in relation to staff knowledge of patients' needs, the environment, communication between staff and patients and to ensuring all patients were afforded choice at mealtimes.

Areas for improvement

No new areas for improvement were identified at this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janine Curran, manager, and Lorraine Thompson, regional 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 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 DHSSPS 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: Second time</p> <p>To be completed by: 26 March 2019</p>	<p>The registered person shall ensure that nursing care records reflect that wound care management is being undertaken in accordance with NICE guidance on management and prevention of pressure damage.</p> <p>Ref: 6.3.3</p>
	<p>Response by registered person detailing the actions taken: All residents requiring wound care have been reviewed with nursing staff to ensure that all care plans have been updated and reviewed appropriately as per NICE guidelines and TVN direction were needed. Supervision sessions have been organised for all staff in relation to pressure sore prevention. Good practice outcomes and recommendations in relation to pressure preventative measures are shared with staff at daily flash meetings with the Manager. Quality of life monthly audits continue to be completed and any action plans that are identified are addressed as required. All staff have been provided with e-learning module in regards to pressure sore prevention and wound care management which are completed on a yearly basis or sooner if required. Compliance will be monitored on a monthly basis via the completion of the Reg 29.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18.8</p> <p>Stated: Second time</p> <p>To be completed by: 26 March 2019</p>	<p>The registered person shall ensure that where a restrictive practice is in use, for example; specialist seating being maintained in the tilt position, patient care records accurately reflects the rationale and monitoring of this.</p> <p>Ref: 6.3.3</p>
	<p>Response by registered person detailing the actions taken: All resident have been reviewed with regards to restrictive practice. All nurses have been advised and have included in each residents care plan the rationale for specific pieces of equipment in use and the correct positioning they need to be maintained and why. These are reviewed at least on a monthly basis or more often if required. Quality of life audits are compiled monthly by manager and reviewed and if any needs identified these are addressed , monitored and reviewed as necessary.</p>

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



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