



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 31 October 2019



Seapatrick

Type of Service: Nursing Home
Address: 80 Lurgan Road, Seapatrick, Banbridge BT32 4LY
Tel No: 028 4062 8289
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 care for up to 60 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Shily Paul - Acting Manager
Person in charge at the time of inspection: Shily Paul	Number of registered places: 60
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 patients accommodated in the nursing home on the day of this inspection: 57 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.

4.0 Inspection summary

An unannounced care inspection took place on 31 October 2019 from 09.30 hours to 15.40 hours.

Prior to the previous care inspection carried out on 23 and 24 July 2019 RQIA had been made aware that, through the governance processes in Four Seasons Health Care, deficits in some aspects of management of the home had been identified by the group. Four Seasons Health Care had developed an action plan in order to address the identified issues and make the necessary improvements.

The inspection assessed progress with all areas for improvement identified in the home since the last care, medicines management and finance inspections and also sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, having a supervision and appraisal schedule in place, infection prevention and control (IPC) measures, record keeping, consultation with other healthcare professionals, the culture and ethos of the home, governance arrangements, quality improvement and maintaining good working relationships.

No new areas for improvement were identified during the inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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 total number of areas for improvement includes one which has been carried forward for review at the next care inspection and one which has been stated for a second time.

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.

4.2 Action/enforcement taken following the most recent inspection dated 23 – 29 July 2019

The most recent inspection of the home was an unannounced inspection undertaken by care, premises, pharmacist and finance inspectors between 23 and 29 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care and finance inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 21 October to 3 November 2019
- staff training records
- incident and accident records
- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports from July 2019 onwards
- registered nurse competency and capability assessment schedule
- staff appraisal schedule
- the annual quality report
- a sample of medication administration records
- a selection of patients' inventory records
- finance agreement form
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 inspections

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 13 (7) Stated: First time	The registered person shall ensure that the identified IPC deficits are resolved in order to minimise the risk and spread of infection and that a robust system is in place to monitor IPC measures.	Met
	Action taken as confirmed during the inspection: Observations of the environment and review of audits completed to monitor infection prevention and control (IPC) measures evidenced that identified IPC deficits had been resolved and that the system in place to monitor IPC measures was robust.	

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a recent photograph of the patient is available in the individual patient's care records.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a selection of care records evidenced that a recent photograph was available in the individual records.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p>	<p>The registered person shall ensure an annual quality report is compiled in order to and review the quality of nursing and other services provided in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: An annual quality report had been compiled; this was reviewed during the inspection. The report reflected upon and reviewed the quality of nursing and other services provided in the home and included the views of patients and their relatives obtained through surveys, audits, questionnaires and discussions.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a copy of the monthly monitoring report is submitted to RQIA by the fifth day of the month until further notice in order that management arrangements and recruitment can be monitored.</p> <hr/> <p>Action taken as confirmed during the inspection: Monthly monitoring reports were submitted to RQIA as requested and recruitment, which is ongoing, has been monitored. RQIA no longer require submission of these reports on a monthly basis.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.26 Stated: Second time	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed those inventory records which had been completed during the inspection and confirmed that these were signed by two members of staff. Following the inspection the administrator confirmed that the remaining inventory records had been completed and that going forward a quarterly reconciliation will be maintained.</p>	
Area for improvement 2 Ref: Standard 2.8 Stated: Second time	<p>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.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: Four Seasons Health Care has not yet issued updated individual agreements for 2019.</p>	
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 14.6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records confirmed that written authorisation regarding personal monies had been requested from each resident or their representative.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the numbers and deployment of staff on duty is reviewed to ensure the assessed needs of all patients are met.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the daily routine and discussion with the manager evidenced that the numbers and deployment of staff on duty reflected the assessed needs of the patients.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that those patients who are in their rooms have call bells within reach.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment evidenced that all patients who were in their rooms had call bells within reach.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 40</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff have an annual appraisal to review their performance and to agree personal development plans.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records evidenced that an appraisal schedule is in place and dates have been planned to carry out annual appraisals. The manager and deputy manager are prioritising these to ensure all staff complete an appraisal and have the opportunity to agree personal development plans.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nurses undertake annual competency and capability assessment and that a record of this is maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records evidenced that all but one nurse had undertaken an annual competency and capability assessment. Following the inspection the manager confirmed that all nurses had completed their annual assessment.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the total fluid intake over the 24 hour period is calculated on a daily basis and effectively monitored to ensure patients maintain their recommended fluid intake target.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of supplemental care records evidenced that total fluid intake over the 24 hour period was monitored, recorded and calculated.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Standard 12</p> <p>Stated: First 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> <hr/> <p>Action taken as confirmed during the inspection: Observation of the serving of lunch evidenced that the menu was not displayed in any format. This area for improvement had not been met and will be stated for the second time.</p>	<p>Not met</p>

Area for improvement 10 Ref: Standard 46 Stated: First time	The registered person shall ensure that staff receive additional training in IPC measures and that this training is embedded into practice.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records evidenced that best practice in IPC measures had been reinforced with all staff during supervisions completed in August 2019. The deputy manager has been appointed as the infection control lead nurse in the home. Additional hand hygiene audits were also carried out in August 2019. The manager ensured training was embedded into practice through observations, audits and supervisions.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: Second time	The registered person shall ensure that, whenever a patient is prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, there is a care plan and the reason for and outcome of administration are routinely recorded.	Met
	Action taken as confirmed during the inspection: Review of care records and medicine administration records evidenced that the relevant care plan for the management of distressed reactions was in place and the reason for and outcome of the administration of “when required” medication was recorded.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 staffing rota from 21 October to 3 November 2019 evidenced that the planned daily staffing levels were adhered to.

Staff spoken with were satisfied with the current staffing levels. One staff member told us that staffing levels had improved whilst another said that short notice leave “will always be an issue”. We brought the comments made by staff to the attention of the manager who told us that short notice leave was managed via return to work interviews and the home’s absenteeism policy and that agency staff were employed to cover shifts when required.

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

Patients and patients’ relatives spoken with were satisfied with staffing levels in the home. We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no responses were received.

Observation of the daily routine evidenced that the needs of patients were met by the numbers and deployment of staff on duty; this area for improvement had been met.

Call bells were answered promptly and we observed that patients who were in their rooms had call bells within reach; this area for improvement had been met.

Review of records evidenced that an appraisal schedule was in place and dates had been planned to carry out annual appraisals; this area for improvement had been met.

Review of records and discussion with the manager evidenced that all but one nurse had undertaken an annual competency and capability assessment. Following the inspection the manager confirmed that all nurses had completed their annual competency and capability assessment; this area for improvement had been met.

A review of the home’s environment was carried out and included observations of a sample of bedrooms, bathrooms, shower rooms, lounges, storage areas, sluices, treatment rooms and dining rooms. The home was found to be warm, clean and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control (IPC) deficits identified at the previous inspection had been resolved; this area for improvement had been met.

The carpet in the Meadowlands Suite was noted to be worn in areas; discussion with the manager and review of the monthly monitoring report confirmed that costings were being obtained for new flooring.

An identified bath panel was damaged and required to be repaired; following the inspection the manager confirmed that the maintenance person had ordered the materials required to repair the bath panel.

We observed that staff used personal protective equipment (PPE), for example, aprons and gloves, appropriately and that these were readily available throughout the home. Staff were also observed carrying out hand hygiene at appropriate times.

Patients and patients’ relatives were complimentary about the environment, they said:

- “The place is spotless.”
- “They keep it good and tidy.”
- “It’s very clean.”

Review of care records and medicine administration records evidenced that the relevant care plan for the management of distressed reactions was in place and the reason for and outcome of the administration of “when required” medication was recorded; this area for improvement had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, having a supervision and appraisal schedule in place and IPC measures.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Observation of care delivery and the daily routine in the home evidenced that patients received the right care at the right time. Patients commented positively about the care they received in the home; they told us:

- “I’m well looked after.”
- “There are lots of good staff.”
- “I find it grand in here.”
- “The staff are just great.”
- “They do things even without my asking.”

Patients’ visitors also commented positively about the care provided; they told us:

- “Staff are always in and out.”
- “No issues, happy enough with things.”
- “The staff are very good.”

Review of four patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. 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. Care records reflected that, where necessary, referrals were made to other healthcare professionals. Care plans reviewed had been updated to reflect recommendations made by other healthcare professionals. There was evidence of consultation with the patient and/or their representative in the care records reviewed.

We observed that there was a recent photograph of the patient in the care records reviewed; this area for improvement had been met.

Review of supplemental care records evidenced that patients’ daily food and fluid intake was recorded. The total fluid intake over the 24 hour period had been calculated and recorded in the records reviewed; this area for improvement had been met.

We spoke to a physiotherapist from the falls prevention team who was in the home. The physiotherapist told us that staff were proactive in the management and analysis of falls, followed recommendations made and maintained up to date records for patients.

We observed the serving of lunch in the Meadowlands Suite. The food on offer was well presented and smelled appetising. Staff were seen to be very helpful to patients throughout the mealtime and they demonstrated their knowledge of patients’ likes and dislikes. There were two choices of meal available. However, a menu was not displayed or available in the dining room. We discussed this with the manager who told us that menus were not currently displayed in any of the dining rooms although suitable menus were being developed. This area for improvement had not been met and will be stated for the second time.

Patients spoken with following the mealtime told us that they had enjoyed their lunch, one patient said the food was “super” and a visitor remarked that “the food has improved lately”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, consultation with other healthcare professionals and the food on offer.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke with 19 patients and those who were able to voice their opinions spoke positively about living in Seapatrick; they told us:

- “It’s my home, I’m happy here.”
- “I get breakfast in bed, it’s great here.”
- “It’s grand here.”
- “They are wonderful here.”

Patients who were unable to express their opinions appeared to be settled and content in their surroundings.

Patients’ visitors also spoke positively about the care provided; they told us:

- “It’s lovely here, very good.”
- “We are very pleased with everything.”

Staff interactions with patients were observed to be kind and caring; they treated patients with respect. Staff were observed to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy and dignity was maintained. There was a positive culture and ethos in the home.

The manager confirmed that an activity co-ordinator had been employed since the last inspection but unfortunately the post was unexpectedly vacant again and had been advertised. In the interim staff took time, where possible, to ensure patients’ needs were met with positive and meaningful activities such as reminiscence, chats, games and singing. Following the inspection the manager told us that internal applications had been received for the activity co-ordinator post and these were being screened via the home’s recruitment process.

We reviewed the annual quality report which had been produced in October 2019 and found that it appropriately reviewed the quality of nursing and other services provided. The views of patients and relatives had been obtained through surveys and questionnaires; this area for improvement had been met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their relatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There had been a change in management arrangements since the last care inspection and RQIA had been notified of this. The certificate of registration issued by RQIA was displayed in the entrance hall of the home.

Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked was recorded.

We had requested that the monthly monitoring report be submitted to RQIA in order that the recruitment of staff could be monitored; this area for improvement had been met. Discussion with the manager confirmed that two posts were currently advertised but all other vacancies had been filled; as a result we agreed that it was no longer necessary to submit the monthly monitoring report to RQIA.

Since identifying deficits in some aspects of management of the home Four Seasons Health Care had developed an action plan and had held regular focus meetings to assess progress in making the necessary improvements within the timescale they had identified. The outcome of these focus meeting had been shared with RQIA. Review of the information provided prior to the inspection and discussion with the manager during the inspection assured us that the identified issues were being addressed and that good progress had been made in this area.

Staff told us that good working relationships were maintained and that the manager was approachable and accessible; comments included:

- "The atmosphere is great, you feel like you belong."
- "Teamwork is good."
- "I like working here."
- "I enjoy working here, great teamwork."

Discussion with the manager and review of records evidenced that best practice in IPC measures had been reinforced with all staff during supervisions completed in August 2019. The deputy manager had been appointed as the designated infection control lead nurse in the home. Additional hand hygiene audits were also carried out in August 2019. The manager ensured training was embedded into practice through observations, audits and supervisions. Face to face IPC training was planned for 12 and 13 November 2019; this area for improvement had been met.

Review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. Audits were completed, for example, regarding accidents/incidents, care records, use of restrictive practices, wounds, falls and IPC practices.

Review of finance issues identified evidenced that the areas for improvement regarding inventory records and authorisation for spending of personal monies had been met. Four Seasons Health Care had not yet issued updated individual agreements for 2019 therefore this area for improvement will be carried over for review at the next care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No additional areas for improvement were identified during the 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 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.

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 2.8</p> <p>Stated: Second time</p> <p>To be completed by: 9 September 2019</p>	<p>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.</p> <p>Ref: 6.1 and 6.6</p>
	<p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2019</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>Ref: 6.1 and 6.4</p>
	<p>Response by registered person detailing the actions taken: The Daily Menu is displayed on the menu board in each dining room. In addition the menu is also available to view on the table during meal. Compliance will be monitored during the internal audit process and during the Reg 29 visit carried out by the Regional Manager.</p>

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



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