The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Seaview House**

Provider: **Kingsfield Enterprises Limited**

Date of Inspection: **17 April 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Kingsfield Enterprises Limited
Responsible Individual:	Mrs Valerie Elizabeth Atcheson
Registered Manager:	Mrs Ruth Magowan
This home is a registered nursing home which provides general nursing care for up to 22 patients, including patients with a terminal illness. Seaview House also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years. Patients' bedrooms are located over three floors. Patients have access to communal lounges, the dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 17 April 2025 from 9.40 am to 5.55 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 21 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing and care delivery. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

While we found care to be delivered in a safe, effective and compassionate manner, improvements were required to ensure that governance systems are effectively reviewed including action plans and the oversight of notifiable events to RQIA. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider and three areas for improvement in relation to medicines management have been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "I love it here. My room is comfortable with a nice view of the sea. Ruth (manager) and the staff are great. I don't have any concerns but I know I could discuss any concerns with staff and would be confident that they would be sorted out promptly. The food is very good and the cook knows what I like and dislike. There's always plenty of good activities offered which I like to attend" and "The manager and staff are approachable and very good. I'm well looked after and there's enough staff about if I need them".

Relatives spoken with were mainly positive in regard to the service provided in Seaview House. Comments were shared with the manager who advised she was aware of issues raised and that she would ensure they are addressed appropriately.

Following the inspection, we received no patient, patient representative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The manager advised the dining room was temporarily closed as it was being redecorated. Patients were offered the choice of having lunch in their own room or in the lounge with other patients. It was observed that patients were enjoying their meal. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The monthly programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients told us that they were aware of the activities provided in the home and that they were offered the choice of whether to join in or not. A few patients told us that they sometimes declined to take part in

daily activities as they prefer to plan their own time. After lunch, patients were observed to enjoy attending an Easter Service in the lounge with staff and guests from a local church.

Patients' needs were met through a range of individual and group activities such as playing board games, reminiscence sessions, musical events from outside entertainers, listening to poetry and arts and crafts.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Patients' Environment

We observed the internal environment of the home and noted that refurbishment of the home was underway. Contractors were observed painting the ground floor hallway and confirmed that they were currently preparing the dining room for painting next.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Equipment used by patients such as hoists and shower chairs were noted to be effectively cleaned.

Review of the environment evidenced that corridors and fire exits were clear from clutter and obstruction. The manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ruth Magowan has managed the home since 25 October 2018.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

The manager had processes in place to monitor the quality of care and other services provided to patients. Patients and their relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager would address their concerns. Records regarding complaints were reviewed and it was noted that not all records had been completed contemporaneously in accordance with legislative guidance. An area for improvement was identified.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. However, not all accidents and incidents had been notified to RQIA. An area for improvement was identified.

It is required that the home is visited each month to consult with patients, their representatives and staff and to examine areas of the running of the home. Following these monthly visits a written report must be prepared of the conduct of the home. Reports of the visits evidenced that were not effective in identifying issues that required to be addressed, for example the recording of complaints. Whilst the reports included engagement with patients, their representatives and staff they contained minimal information of what was reviewed during the visits. The reports did not include if any action or improvement was required and there was no evidence of a review or system to drive improvement. An area of improvement was identified.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ruth Magowan, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect (17 April 2025)	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner. Ref: 3.3.5
	Response by registered person detailing the actions taken: This process has been discussed with staff to ensure all relevant staff are aware of reporting protocols.
Area for improvement 2 **Ref:** Regulation 29 **Stated:** First time **To be completed by:** With immediate effect (17 April 2025)	The registered person shall ensure that the monthly visits and the reports of these visit are completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Where the need for improvements are identified these should be a system in place to ensure the necessary improvements have been made. Ref: 3.3.5
	Response by registered person detailing the actions taken: Reports are completed in line with the regulations. Any identified improvements are managed and reviewed in a timely manner
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that accurate personal medication records are maintained and that they are signed and verified as accurate by two trained members of staff. Ref: 2.0
To be completed by: With immediate effect (21 November 2024)	**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Standard 29 **Stated:** First time	The registered person shall ensure that hand written medicines administration records contain the full date and are verified as accurate by two trained members of staff. Ref: 2.0

To be completed by: With immediate effect (21 November 2024)	**Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 3 **Ref:** Standard 28 **Stated:** First time **To be completed by:** With immediate effect (21 November 2024)	The registered person shall implement a robust audit which covers all aspects of medicines management. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Standard 16 **Stated:** First time **To be completed by:** With immediate effect (17 April 2025)	The registered person shall ensure that records are kept of all complaints including communication with the complainant, the result of any investigation, the action taken and whether the complainant was satisfied with the outcome. Ref: 3.3.5
	Response by registered person detailing the actions taken: Complaint monitoring is in place with the relevant communications and outcomes recorded. We have modified our documentation to meet the requirements of the inspector to provide better clarity.

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

The Regulation and Quality Improvement Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews