The Regulation and Quality Improvement Authority

Inspection Report

10 September 2024

Seapatrick

Type of service: Nursing Home
Address: 80 Lurgan Road, Seapatrick, Banbridge, BT32 4LY
Telephone number: 028 4062 8289

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: Ann's Care Homes **Responsible Individual** Mrs Charmaine Hamilton	**Registered Manager:** Mrs Jeny Crockett – not registered
Person in charge at the time of inspection: Mrs Jeny Crockett	**Number of registered places:** 60 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. There shall be a maximum of 1 named patient in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.PH – Physical disability other than sensory impairment.	**Number of patients accommodated in the nursing home on the day of this inspection:** 60
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care to up to 60 patients. The home is divided into three units all located on ground floor level. Riverdale and Bannview units provide care for patients living with dementia and Meadowlands unit provides general nursing care**.**	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2024 from 10.30 am to 8.15 pm by two care inspectors.

The inspection was undertaken to evidence how the home was performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was clean and welcoming. There was evidence of good practice in relation to teamwork, working relationships between staff and management, and provision of activities.

Patients told us that their experience of living in Seapatrick was positive and patients' relatives said that they were very satisfied with the care and services provided in the home. Patient, relative and staffs' views are detailed in section 4.0 of this report.

It was evident through observations and discussion that staff promoted the dignity and well-being of patients. Staff delivered care with compassion.

Areas for improvement were identified in relation to infection prevention and control (IPC), moving and handling practices, staffing arrangements in Riverdale and Bannview units, care records, and the fire risk assessment. Further detail can be found in the main body of this report.

RQIA were assured that the delivery of care and service provided in was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Seapatrick.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Due to the nature of dementia, some patients were unable to fully express their views about the home. However, patients looked comfortable in their surroundings and during interactions with staff.

Patients told us that they were satisfied overall with the care and services provided to them. They said the food was good and that the home catered to specialist diets without issue. Patients told us that staff were "excellent."

One patient told us that it was "impressive" that staff anticipated their care needs well, while another patient described some staff being well intentioned but requiring more training in relation to specific conditions. This was discussed with the manager who agreed to arrange additional training on specific conditions. This will be reviewed again at a future inspection.

Patients told us that they were very happy with the level of cleanliness in the home and that visiting arrangements were working well.

RQIA received one questionnaire response from a patient who indicated that they were overall satisfied with the care provided to them. They described some aspects of care and services as "perfect", but also indicated that care delivery could improve if staff had a better understanding of specific health conditions. As stated above, this was addressed with the manager for her action.

Relatives spoke in positive terms about the home. In relation to the care provided, comments included, "good", "more than happy with the care", and "very happy." Relatives told us that they saw staff to be attentive. Some relatives said that while staff were good, they felt staff were, at times, too busy to spend adequate time with patients. For example, one relative worried that staff could not afford to spend the required amount of time to assist their loved one with all meals, as this was a time consuming task. This is discussed further in section 5.2.1 of this report.

Eight questionnaire responses were received following the inspection. Relatives indicated that they were satisfied with the care and services provided. Comments from relatives included, "brilliant care…I feel that my (redacted) is safe twenty-four seven which helps me to relax", "the home is always open for me to visit", "the room and facilities are spotless", "staff are always caring and helpful and treat my (redacted) with utter respect and gentleness", and "the care is exceptional."

Some relatives made suggestions about how they felt the service could improve. For example, ensuring patients clothes matched, ensuring patients' hands, face and clothes are cleaned after meals, and more regular cleaning of overlap tables. One relative suggested that some staff could improve their communication skills with patients. For example, being more social and engaging in conversations. These comments were shared with the manager for consideration and action where required.

Staff told us that they were happy working in Seapatrick and that they were trained in best practice to help them deliver effective care. All staff described having good teamwork but the staff in Riverdale and Banniew units said that they often struggled to provide care to patients in

a timely manner. Staff said that they "just about" meet patients' needs and that they find meal times particularly "tight." This is discussed further in section 5.2.1 of this report.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Seapatrick was undertaken on 19 September 2023 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 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 patients. There was evidence of systems in place to manage staffing.

There were systems in place to ensure staff were trained and supported to do their job. Staff told us that they were happy with the training arrangements and that there was a system to remind them when courses were due to be completed. The manager had good oversight of staff compliance with mandatory training.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. There was evidence that staffing arrangements were reviewed monthly using an assessment tool that considered patient dependency levels and resulted in suggested staffing levels to meet patients' needs.

Staff said there was good team work and that there was good communication between management and staff. Some staff said that the staffing levels were "okay", and that they relied heavily on good teamwork and appropriate allocation of duties to ensure the smooth running of each shift. Staff working in Riverdale and Bannview units told us that they were "just about" able to meet patients' needs "at a push", and that they often struggled to provide quality care at certain times. For example, staff said that a lot of patients required full assistance with their meals and they felt there was not enough staff on shift to complete mealtimes in a timely and efficient manner.

The majority of patients in Riverdale and Bannview units were unable to share their views on staffing, but one patient told us that it sometimes "takes forever for someone to come" when they use the call bell. Some relatives echoed this concern, telling us that they saw staff to be "too busy" at mealtimes and that they often worried that staff could not spend an adequate amount of time with patients who required assistance with meals.

It was noted that staff were extremely busy and it was observed on several occasions that staff had to leave a patient to attend to another patient during care giving. For example, a staff member was seen to start assisting a patient with their drink but then had to move to assist another patient with their mobility before the first patient finished their drink. Feedback from patients, relatives, and staff, combined with observations made during the inspection were discussed with the manager and an area for improvement was identified.

Despite the issues raised about staffing arrangements, patients spoke positively about their interactions with staff, with one patient saying, “they are so good, excellent.” And while staff were seen to be busy, they were seen to be polite and respectful towards patients. One patient suggested that staff would benefit from more training and understanding of particular conditions. This was discussed with the manager and it was agreed that additional training would be provided. This will be reviewed at the next care inspection.

Relatives described staff as, “caring and helpful”, and “supportive.” One relative suggested that while the majority of staff were warm and compassionate in their interactions with patients, one staff member could be more “empathetic.” Again these comments were shared with the manager for consideration and action where required.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

Patients’ needs were assessed 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. Review of a sample of patient care records identified a number of deficits. For example, one record indicated that the patient required assistance of two staff for mobility, while in another area it stated assistance of one staff required. Another record stated that the patient required assistance with meals, while it was stated elsewhere that this patient was independent. An area for improvement was identified.

Governance records showed that audits were conducted on patients’ care files, however there was an inconsistency in relation to the actions and outcomes from these audits. For example, the action plans did not clearly state who was responsible for addressing the issues identified and did not give an expected timeframe for completion. There was also a lack of evidence to show that the outcomes from audits were followed up to ensure actions were completed. An area for improvement was identified.

Patients care records were held confidentially.

It was observed that staff were respectful, warm, and reassuring during interactions with patients. For example, staff referred to patients by their preferred names, and were heard to engage patients on topics of interest to the patient.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. It was observed on a number of occasions that staff used moving and handling techniques that were not reflective of best practice. An area for improvement was identified.

Wound care was reviewed and found to be well management. It was noted that one patient's care plan required some more detail in relation to the dressing regime. This was brought to the attention of the nurse who took immediate action to address.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, increase supervision from staff, reducing hazards in the environment, ensuring patients had suitable footwear, or the use of specialist equipment or mobility aids.

Examination of records and discussion with nursing staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of lunch and the evening meal was observed. As already stated in section 5.2.1 of this report, it was noted that staff were extremely busy throughout the day, and found meal times particularly challenging. Some relatives were in attendance at meals times and told us that they attend the home to assist their loved ones most days as they worried that staff were too busy.

Staff were seen to be coordinated and organised during the lunch and evening mealtime and were seen to communicate well with each other to ensure patient safety was maintained during meals. It was noted however that some patients who chose to have their meals outside of the main dining room and did not require full assistance with meals, did not then receive any support from staff. An area for improvement was identified.

Staff were seen to offer patients choice of meals and drinks, along with gravy and condiments. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. The meal options record also showed that those patients on modified diets had a choice of two options at mealtimes.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm, and comfortable, with a fresh odour.

Patients' bedrooms were clean, tidy and personalised with items of importance or interest to the patient. It was noted that one-bedroom curtain was badly stained. This was brought to the attention of the domestic staff and the manager and action was taken to address this.

Communal lounges and dining rooms were suitably furnished and comfortable. The décor throughout the home was well maintained and there were homely touches such as framed pictures, photos, flowers, a piano, ornaments, and reading materials. It was positive to note a safeguarding notice board, which showed work completed with patients to help them feel safe. This was a collaborative piece of work between patients and staff and was highlighted as good practice.

Patients and relatives told us that they were very satisfied with the level of cleanliness in the home. One relative said, "the room and facilities are spotless and constantly being cleaned." Another relative suggested that the overlap tables needed to be cleaned more frequently. This was brought to the attention of the manager for her consideration and action. Overlap tables will be reviewed again as part of the next care inspection.

Communal bathrooms and toilets were accessible and clean.

Corridors were wide, well lit, and free from clutter. Fire exits were free from obstruction and fire extinguishing equipment was assessable.

The most recent fire risk assessment had been conducted on 27 September 2023. Six recommendations had been made by the assessor at that time. Records indicated that only one of the recommendations had been actioned. This was brought to the attention of the management team who checked the regional risk assessment copy which stated that all actions had been completed. However, observations in the environment indicated that not all recommendations had been actioned. An area for improvement was identified.

Following the inspection, the manager confirmed that all fire risk assessment recommendations had been actioned.

Records evidenced that training had been provided to staff on infection prevention and control (IPC), hand hygiene, and appropriate use of personal protective equipment (PPE). It was noted that some staff did not use PPE appropriately in accordance with best practice guidance. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation and discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. It was observed that staff offered choices to patients throughout the day which included food and drink options and where and how they wished to spend their time. Some patients were seen to move freely between their bedrooms and communal areas.

Patients' social and recreational needs were met through a range of individual and group activities. The range of activities included social, community, cultural, religious, spiritual and creative events. The activities programme included, nails and hand massage, reflexology, art sessions, baking, visits from pets, games, and church services.

On the day of inspection patients were seen to take part in games, reflexology, and were visited by the home's pet lizard, Pablo. Some patients were seen to avail of doll therapy.

Visiting arrangements were in place and relatives confirmed that this was working well. One relative said, "the home is always open for me to visit." Relatives told us that they felt welcomed in the home, "it is the most caring home with the most helpful staff", "the support we have got from staff is excellent."

Relatives also told us that they felt reassured by the overall care and services provided in the home, I have faith that my (redacted) receives the support they need…they never display signs that they didn't feel safe and secure…they are always happy and content."

5.2.5 Management and Governance Arrangements

There had been some changes in the management of the home since the last inspection. Mrs Jeny Crockett, who had been the deputy manager in the home, took up post as manager on 27 November 2023. The manager was not yet registered with RQIA, but provided assurances during the inspection that an application would be submitted to RQIA without delay.

The manager confirmed that she had received a good induction to the role from the previous manager and that she felt supported by the senior management team.

There was a clear managerial structure in place and staff were aware of who was in charge of the home at any given time.

Staff spoke positively about the manager and described her as approachable, and available for guidance and support. Staff said that they felt listen to.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would handle any concerns appropriately. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jeny Crockett, Manager, and Ms Lorraine Thompson, Regional Manager, Ann's Care Homes, 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 20 (1) (a) **Stated:** First time	The registered persons shall undertake a review of staffing arrangements to ensure that there are adequate numbers of staff to fully and effectively meet the needs of patients. Ref: 5.2.1
To be completed by: 10 September 2024	**Response by registered person detailing the actions taken:** Staffing arrangements have been reviewed in line with dependency levels, and have been increased in the Dementia unit accordingly. We will continue to monitor and review in line with dependency.

Area for improvement 2 **Ref:** Regulation 14 (3) **Stated:** First time **To be completed by:** 10 September 2024	The registered persons shall ensure that staff adhere to best practice when moving and handling patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: All staff have been reminded of the need to carry out moving and handling practices in line with best practice, training and company policy. Observations have been undertaken with staff to ensure training is embedded in practice. Moving and Handling will be a standing item on all staff meeting agendas.
Area for improvement 3 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 10 September 2024	The registered persons shall ensure that any actions identified during the fire risk assessment are addressed within the timeframe stipulated by the fire risk assessor. Records of actions taken should be accurate and up to date. Ref: 5.2.3
	Response by registered person detailing the actions taken: All actions within the fire risk assessment have been addressed. Actions have been verified by the company's fire risk assessor.
Area for improvement 4 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 10 September 2024	The registered persons shall ensure that staff adhere to infection prevention and control best practice. This is with specific reference to correct use of personal protective equipment (PPE), handling of waste products, and cleaning of contaminated areas following personal care. Ref: 5.2.3
	Response by registered person detailing the actions taken: Supervisions on the use of PPE, doning and doffing has been completed with staff. PPE observations have been increased to ensure training is embedded into practice. Infection control will be a standing item on all staff meeting agendas.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 17 September 2024	The registered persons shall ensure that patients' care records are accurate, reflective of the individual patient's needs, and free from contradictions. Ref: 5.2.2
	Response by registered person detailing the actions taken: The importance of ensuring records are reflective of residents need has been reiterated to all trained staff. All trained staff have undergone a supervision on record keeping, with a guide to person centred care planning also provided. Records will be monitored through the care file audit system.
Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 24 September 2024	The registered persons shall ensure that there is a robust system of auditing in place for patients' care records. Where shortfalls are identified an action plan should be put in place and should clearly state the action required, who is responsible for completing, and an expected timeframe for completion. Evidence of audit review should be maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: The care file audit planner has been redeveloped to encompass weekly schedules for care file auditing, by Senior Nurses, actions requiring to be addressed are detailed on the action plan hich is given to the named nurse with timeframes to addressed.
Area for improvement 3 **Ref:** Standard 12.11 **Stated:** First time **To be completed by:** 11 September 2024	The registered persons shall ensure that the staffing arrangements at meal times are supportive of patients' needs. There should be a sufficient number of staff available or the mealtime routine should allow for staff to support all patients in an effective and safe manner. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staffing arrangements at mealtimes have been reviewed and staff alloocated accordingly. This will be remain on continuous review.

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