

# Unannounced Care Inspection Report 29 June 2017



## Seeconnell Private Village

**Type of Service: Residential Care Home**  
**Address: 119 Clonvaraghan Road, Castlewellan, BT31 9LA**  
**Tel no: 028 4377 1412**  
**Inspector: Ruth Greer**

[www.rgia.org.uk](http://www.rgia.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.

**1.0 What we look for**



**2.0 Profile of service**

Seeconnell Private Village is a residential care home registered with RQIA to provide care and accommodation for 21 persons living with a learning difficulty and/or mental ill health.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Marie Therese McGrady	<b>Registered manager:</b> Paula Murray (acting)
<b>Person in charge of the home at the time of inspection:</b> Paula Murray	<b>Date manager registered:</b> 22 April 2015 (acting)
<b>Categories of care:</b> MP - Mental disorder excluding learning disability or dementia LD - Learning Disability	<b>Number of registered places:</b> 21

### 4.0 Inspection summary

An unannounced care inspection took place on 29 June 2017 from 10.20 to 15.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and 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 care records, the home's commitment to staff training and good internal management systems.

One area requiring improvement was identified in relation to the environment.

Residents reported to be happy in the home and a close rapport was noted between residents and staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Paula Murray, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent medicines management inspection

No further actions were required to be taken following the most recent inspection on 9 March 2017.

## 5.0 How we inspect

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with nine residents and seven staff. There were no visiting professionals and no residents' visitors/representatives present.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

There were no areas for improvement identified at the last care inspection.

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 9 March 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas of improvement as a result of that inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 16 February 2017

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 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 staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the manager and staff (one of whom had recently been recruited) evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The manager is identified as safeguarding champion. The manager confirmed that there were plans in place to identify an additional safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager confirmed there were restrictive practices employed within the home. Notably locked doors, keypad entry systems, lap belts rails, pressure alarm mats and in some instances 15 minute observations. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described. In addition, an individual risk assessment in relation to any specific restrictions was in place in residents' care files, as was an individual statement in relation to how this may impact on deprivation of liberty. This is good practice.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour

management teams from the trust and noted to be regularly updated and reviewed as necessary.

The manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control policy and procedure (IPC) confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items, where appropriate. The home smelt fresh, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. One area for improvement was identified in relation to damage to a wall in the lounge. It was noted that the damage had been highlighted at the registered provider's monthly monitoring visit earlier in June. The manager stated that plans were in place to address the matter. Confirmation should be forwarded to RQIA when the damage has been made good. There were no other obvious hazards to the health and safety of residents, visitors or staff. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 4 January 2017 and no recommendations were noted as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently in January 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly

and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Comments received from residents and staff included:

- “The home is in a really good place at the minute the whole team works well together and as a result residents get better care” ( staff )
- “I like it, staff are good” (respite resident)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding, infection prevention and control and the home’s environment.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff spoke knowledgably of the preferences (as well as needs of residents). Records showed that the diligence of a staff member in noting a change in one resident had resulted in a minor procedure which would have been significantly more serious if not raised by the member of staff. The resident would not have been able to recognise/report the issue him/herself. This is good person centred and effective care.



An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from staff included:

- "I've had various jobs in the past but this is the first one where I can say I really enjoy coming to work"
- "We can quickly pick up signs when residents aren't well and when we do that and get the help that is needed it gives me great job satisfaction"
- "Honestly these residents are well cared for there is no expense spared by the management of this home"

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, care plans were in place for the management of pain with possible trigger factors described for staff guidance. In conversation with staff they were able to describe and translate the nonverbal communication clues given by residents who were unable to verbalise their feelings/views.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity, and were able to demonstrate how residents' confidentiality was protected. Various examples were provided by staff in their discussion with the inspector.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Residents and their families are consulted with, at least annually, about the quality of care and environment. The findings from the most recent consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. For example, satisfaction questionnaires had been sent to families at the beginning of June by the manager as part of her information gathering for the annual quality review. One returned questionnaire contained the suggestion that a television could be provided in the bedroom designated for respite residents. A new television had been delivered on the day before the inspection and was awaiting installation.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents told the inspector that they had attended a formal in a local hotel. Preparation for and participation in this event had caused much enjoyment. One resident was excited because he was going to a music concert on the evening of the inspection. Craft and keep fit activities are provided within the home. One resident enjoys planning and cooking his own evening meal. There is a training kitchen in the activity centre in the home and the resident enjoys using the facilities there to prepare his meal. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example a resident told

the inspector that he was waiting for his parent to collect him to go out for the day. One resident regularly goes out to stay with family for weekends.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. There were also good examples found of staff advocating for residents and empowering them to be included in community events.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 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**

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. The manager has been “acting” in the role for some time. She confirmed that all requirements for registration were now in place and that the registered provider intends to forward a completed application for her to become registered with the RQIA. Confirmation was given that this will take place within four weeks of the inspection.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, posters etc.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. A report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments received from staff included:

- “Team morale is really high at the minute; everyone is working to the same ends”
- “When I came here I hadn’t worked in this area before and I am amazed at the outstanding care these residents get, it’s great”
- “We get plenty of training and support Paula (manager) is great and sets a good example”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Paula Murray, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 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 to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall confirm to RQIA that the damage to the wall has been made good.</p> <p>Ref: 6.4.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Damage to wall was completed the following day after the inspection, further contracted work to other walls as discussed with inspector was ongoing and has now also been completed.</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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