



The **Regulation and
Quality Improvement
Authority**

Primary Announced Care Inspection

Service and Establishment ID: Seeconnell Private Village (11155)
Date of Inspection: 2 September 2014
Inspector's Name: Ruth Greer
Inspection No: 16877

**The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Seeconnell Private Village
Address:	Seeconnell Private Village 119 Clonvaraghan Road CASTLEWELLAN BT31 9LA
Telephone Number:	(028) 4377 1412
E mail Address:	seeconnellrqia@btconnect.com
Registered Organisation/ Registered Provider:	Ms Maria Therese McGrady
Registered Manager:	Mrs Mary Imelda McGrady (Acting)
Person in Charge of the home at the time of Inspection:	Mrs Imelda Mc Grady Mrs Collette Mackin facilitated the inspection. Mrs Collette Mackin has applied to be registered manager with the RQIA. The application is currently being processed.
Categories of Care:	RC-LD
Number of Registered Places:	21
Number of Residents Accommodated on Day of Inspection:	18
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	13 May 2014, 9:15 - 18.00 14 May 2014, 9:15 - 16.30 Secondary unannounced inspection
Date and time of inspection:	2 September 2014 10:00 to 17:15
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider who was present for the beginning of the inspection
- Discussions with the registered manager
- Examination of records

- Observation of care delivery and care practice
- Discussion with two relatives
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	6
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	8

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Corriewood Ltd is the registered organisation in control of the home. Mrs Imelda McGrady is acting manager. Mrs Collette Mackin has been appointed by the company as registered manager. Mrs Mackin's application to be registered with the RQIA is currently being processed.

Seeconnell Private Village Residential Care home is situated within the geographical area of the South Eastern Health and Social Care Trust. The home is located rurally outside the town of Castlewellan on an elevated site within the Mourne and in an area designated as one of outstanding natural beauty.

Accommodation for residents is provided in two semi-autonomous suites. The home provides care over three floors. The lower level is designated as a day care facility. In the Slieve Suite there are six individual bedrooms all are en suite. The Slieve Suite provides a kitchenette, dining room, sitting room and a small office. The Slieve Suite has a separate entrance on the lower and the ground floor with access via a key pad system. Access to the first floor is via a passenger lift and stairs. In the Clan Suite there are 15 single bedrooms, thirteen of which are en suite. Two bedrooms are joined by and share a bathroom. The Clan Suite has three communal lounges, dining room and a range of assisted bathrooms.

The home also provides for catering and laundry services on the ground floor of the Clan Suite. A visitors' room with a small equipped kitchen is available on the upper floor.

The home is registered to provide care for a maximum of 21 persons under the following categories of care

Residential Care

LD Learning Disability

8.0 Summary of Inspection

This primary announced care inspection of Seeconnell residential home was undertaken by Ruth Greer on 2 September 2014 between the hours of 10:00 and 17:15. Mrs McGrady was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Mackin also facilitated the inspection

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these have, in the main been addressed satisfactorily with the home compliant in all requirements and three of the four recommendations. One recommendation in relation to the standard of daily recording was discussed with the registered persons and is re stated can be viewed in the section following this summary.

Prior to the inspection, Mrs Mc Grady completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs McGrady in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, two relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort and under the guidance of a multi-disciplinary assessment. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. Mrs Mc Grady and Mrs Mackin were aware of their responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Seeconnell was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home provides a "Day Opportunities Programme" for residents. There is an allocated location for the programme on the lower ground floor of the home. This area also provided outside areas where residents can garden, look after hens and goats and enjoy independent access to outdoors.

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. The provision of activities is a formalised process in this home with day care opportunities being part of the contact with commissioning Trusts. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed a full time activity coordinator. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity.

Appropriate records were maintained. The evidence gathered through the inspection process concluded that Seeconnell is compliant with this standard.

Resident, representatives and staff consultation

During the course of the inspection the inspector met with residents, two representatives and staff. Questionnaires were also completed and returned by staff.

Many residents were unable to verbalise their views. Two residents who were able to speak with the inspector indicated that they were happy and content with their life in the home. One resident stated that he wished to move to more independent living. The resident confirmed that he has been meeting with his community care manager in order to move to a supported housing facility. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relative and complimented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Two recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 13 and 14 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (1) (c) (i)	<p><u>Induction</u></p> <p>The registered person/acting manager must assure themselves that following induction newly appointed staff are assessed and deemed competent.</p>	<p>There has been two new staff members appointed since the previous inspection Mrs Mackin confirmed that both have had full induction and remain closely monitored. The records of one showed that since her/his appointment he/she has had formal supervision on three occasions.</p>	Compliant
2	16 (2) (b)	<p><u>Care Plans</u></p> <p>The registered person/acting manager must ensure the identified resident's care plan is reviewed and associated risks highlighted.</p> <p>The registered person/acting manager must ensure each resident's daily routines are recorded.</p> <p>The registered person/acting manager must ensure care staff are provided with opportunities to read the relevant care plans.</p>	<p>A review of six care files and six activity care files confirmed compliance.</p>	Compliant

No.	Regulation Ref.	<u>Requirements</u>	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3	14 (2) (c)	<p><u>Dining room</u></p> <p>The acting manager must review the serving of breakfast in the Clan suite, identify risks or potential risks and implement a risk management plan.</p> <p>The acting manager must review the seating arrangements in the Slieve Suite for staff assisting residents with their food.</p> <p>The acting manager must implement arrangements to monitor the effectiveness of the review.</p>	<p>Records showed that the individual needs of resident's in regard to the serving of breakfast, has been reviewed in line with any potential risk. Stools have been purchased which enables staff to sit beside those residents who require assistance with eating.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19.2	<p><u>Recruitment</u></p> <p>The responsible person/acting manager should make contact with the identified staff member's previous line manager to assure herself there were no outstanding concerns. A record of this conversation should be maintained.</p>	<p>This was in relation to one identified staff member. Records showed evidence of compliance.</p>	<p>Compliance</p>
2	22.4	<p><u>Daily Progress Records</u></p> <p>The responsible person/acting manager should ensure daily progress notes refer to the actual care delivered, reports should be factual and if staff are providing an opinion on a residents "mood" this must be clear and should be defined.</p> <p>Training on reporting and recording should be provided for the staff team.</p>	<p>The training in professional record keeping has been planned for September 2014. A review of the daily progress notes showed some improvement. However several issues, raised at the previous inspection in relation to the content and purpose of daily recording, remain. This recommendation will be re stated.</p>	<p>Moving towards compliance</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3	22.2	<p><u>Records</u></p> <p>The registered person/acting manager should ensure the records for the residential care home and the day care service are individualised to each service.</p>	<p>Much work has been undertaken in relation to this recommendation. Each resident now has a comprehensive day care file. A selection of which were reviewed at this inspection.</p>	<p>Compliant</p>
4	24.2 & 24.1	<p><u>Supervision</u></p> <p>The registered person/acting manager should ensure new staff receive supervision more frequently than once every six months.</p> <p>The registered person/acting manager must ensure that staff responsible for formal supervision are appropriately trained.</p> <p>The registered person/acting manager must ensure suitable arrangements are in place to monitor the provision of supervision.</p>	<p>There was evidence that the home has provided training and information on the function and purpose of supervision. A matrix has been devised in respect of the individual supervision sessions planned and provided for staff. Discussion took place with Mrs Mackin in regard to the social care model of supervision required by residential care homes.</p>	<p>Compliant</p>

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
In accordance with policy and procedures DHSSPS guidance and the Human Rights Act (1998) staff gain their knowledge and understanding of each individual, through induction process, staff mentoring, reading of person centered plans, individual behaviour management/support plans, past history, daily living needs assessment, staff training and pre admission assessment .	Substantially compliant
Inspection Findings:	
The home had several related policies in place - Policy on Responding to Residents’ Behaviours dated 12 June 2014, Policy on Promoting Positive Behaviours dated August 2014 and Policy on the use of Restraint dated 12 June 2014. The policy on restraint was reviewed and updated in September 2014 to include guidance that RQIA must be informed on every occasion where restraint is used. Policies and procedures also included a policy on the Controlled Keypad Access and a Policy on the Recognition of Disabling Barriers. A review of the policies and procedures identified that they reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge.	Compliant
Observation of staff interactions, with residents, identified that informed values and knowledge of the individual residents ensured that the implementation of least restrictive strategies were demonstrated.	
A review of staff training records identified that all care staff had received training in behaviours which challenge titled <i>Learning Disability Awareness and dealing with Behaviours which Challenge</i> on 23 April 2014 which included a human rights approach. Training in the use of MAPPA is included in induction and an annual update thereafter. An examination of three staff training files confirmed that this training had been provided.	

<p>A review of six residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>When a residents behaviour is uncharacteristic, staff advise the Senior on duty and discuss with team any possible reasons for the behavior and continue to monitor the resident. When necessary staff will contact the appropriate professional for advice, e.g. GP, Dentist, O.T, and members of Multi Disciplinary Team. All information will be recorded on the necessary documentation and care plan updated if necessary.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policies and procedures referred to in the previous criterion include the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p>	Compliant

<p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with two visitors confirmed that they had been informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All residents have an individualised care plan , including specific approaches necessary to meet the best interests of each resident. The care plan is discussed with where appropriate the resident, their representative and members of the multi Disciplinary Team. .</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of six care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. In the care files evidence was found of close liaison with the community behaviour team</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Specific mangement plans are agreed with staff and provided by a trained professional and is an integral part of the individuals care plan. Training is provided for all staff on appropriate way to respond to resident's behaviour.</p>	Compliant

<p>Inspection Findings:</p>	
<p>A review of the policies and procedures identified that they included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan as necessary. This is particularly crucial in Seeconnell given that most of the residents have been assessed as having complex and challenging needs.</p> <p>A review of six behaviour management programmes identified that they had been approved by an appropriately trained professional. The review also identified that the behaviour management programme forms part of the residents’ care plan and there was evidence that it was kept under review.</p>	<p>Compliant</p>
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Staff have received all the necessary training in response to the behavioural plans in place. Staff have recieved In house Behavioural Management training specific to the needs of the residents who reside within Seeconnell. Staff are also in receipt of MAPA training as per behavior mangement programmes.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Mapa for an intensive three day period on induction and refresher annually thereafter • Behaviours which challenge and • Training in regard to the home’s categories of care were provided as outlined in 10.1. <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programmes in place.</p>	<p>Compliant</p>

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment All incident's is managed outside the scope of the care plan, are recorded and reported to the senior on duty, registered manager, where appropriate the residents representative and members of the multi disciplinary team. When necessary a review will be organised and relevant documenetation updated if necessary.	Compliant
Inspection Findings: A review of the accident and incident records from 14 May 2014 to current and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of six care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Discussion took place with the registered persons in regard to the purpose, nature and form of daily progress notes. There has been some work with staff in this area. However further improvement is required. The home has arranged training on professional recording. This is planned for 20 and 21 September 2014. Visitors and staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Substantially Compliant

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment A policy for the use of restraint is in place within the home. Staff are MAPA trained. Restraint is used only when all other avenues for safely maintaining a resident have been exhausted as per each individual behaviour management plan. Records are kept when restraint has been used within each individuals care plan.	Compliant
Inspection Findings: Discussion with staff, visitors, professionals and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful. Many residents were unable to verbalise their views with the inspector. However, one resident confirmed during discussion that he was aware of decisions that affected his care. The resident confirmed that he had given his consent to the limitations and the measures which put in place to minimise the impact of these limitations. The registered person has accessed training in regard to the use of restraint and workshops are planned for staff on 20 and 21 September 2014 in which she will cascade this knowledge and training to staff in the home. Each resident has had a separate care plan in relation to any restraint he/she may experience. Examination of same for six residents found these to be individual, specific and innovative. These plans were written in the first person and in a form which could be easily explained to and understood by the residents as to why their lives may/are restricted. The plans identified when, why and where any restraint/restriction may be used and were based on all areas of daily life under the following headings: <ul style="list-style-type: none"> • “ Your Medication” • “Your Privacy” • “Your Health and Safety” • “Your Freedom of Speech” This is good practice.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment An activities policy is in place within the home. The programme of activities is reflective of the individual residents identified needs, interest, and likes/dislikes.	Substantially compliant
Inspection Findings: The home had a policy dated June 2014 on the provision of activities. The activities provided within the home are formalised and part of the contract with referring Trusts. Activities take the form of Day Time Opportunities and are undertaken in a designated area of the home separate from the residential area. The home has devised a separated assessment and care file for each resident in relation to this area of need. A review of six of these care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme of activities is person centered. Each plan takes into account each residents level of participation and a full choice is given to each resident on a daily basis. Residents are consulted where appropriate re new activities and social events. Activities reflect the ability, level of participation, they are also purposeful and age appropriate for each individual. Activity plans are flexible and subject to change in response to resident's needs.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised daily each week. Activities are organised for small groups of residents and structured to meet the needs of each member in the group. Individual activities are provided for residents whose assessed needs identified this as the preferred option.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents are encouraged to participate actively in identifying their own activity plan, via interest check lists and consultation forms, for those residents whom are unable to formally communicate their wishes, staff or representative are asked to play a role in identification of likes and dislikes.</p>	Substantially compliant

<p>Inspection Findings:</p> <p>A review of the record of activities provided and discussion with any residents able to communicate with the inspector identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.</p> <p>Two relatives interviewed by the inspector confirmed their satisfaction with the activities provided.</p>	Compliant
<p>Criterion Assessed:</p> <p>13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>A programme of activities is displayed in the activity centre, office within main house, each individual's plan is easily accessible within the activities folders in the office in the activity centre. Activity plans are in written and pictorial format according to individual needs.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>On the day of the inspection the programme of activities was on display in the residential areas of the home and in the day opportunities area.</p> <p>Discussion with residents and two relatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Resident’s are supported by staff to access a full range of activities. All necessary aids and appliances are available</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The home employs an activity co coordinator full time on week days.</p> <p>Activities are provided at weekends and in the evenings by designated care staff.</p> <p>The activity coordinator and care staff confirmed that there was an acceptable supply of activity equipment available. This equipment included the provision of a sensory room. Outdoors equipment includes a vegetable garden, greenhouse and a duck pond. There are ducks, hens and goats for which designated residents take responsibility.</p> <p>There was confirmation from the registered manager that a designated budget for the provision of activities is in place.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Activity programmes are individualised, taking into consideration the needs and abilities of each resident. Records are kept of each individuals level of enjoyment/concentration, participation, time spent on each activity. Such information is utilised in planning further activities to ensure residents are provided with a stimulating, enjoyable and purposeful activity schedule.</p>	Substantially compliant
Inspection Findings:	
<p>The activity co coordinator and care staff confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Professionals contracted in for activities include, Alliance Youth Works, Downpatrick Special Olympics, Go Figure and NI Orienteering. Staff accompany residents at all times when attending these sessions, the staff report and record how the residents participated within the various activities within their daily notes. Prior to commencing each of the contracted services, the activities co-ordinator/registered manager met with the professional in order to ensure they had the necessary qualifications and understanding of the residents abilities.</p>	Substantially compliant
Inspection Findings:	
<p>The manager confirmed that outside professionals attends to provide training/advice on gardening and farm conservation, healthy living and life skills. The manager confirmed that a staff member is always present when any outside person is providing training for residents.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Staff accompany the residents to all contracted in services and ensure the contractor has an awareness of any changes in need prior to the activity commencing.	Compliant
Inspection Findings:	
The activity therapist confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which would affect their participation in the planned activity.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Daily activity records are maintained, these include activity offered and declined, level of participation, enjoyment, level of assistance required to complete activity.	Substantially compliant

Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>There was evidence that appropriate consents are in place in regard to photography and other forms of media. The home has a policy on photographs and the associated privacy issues dated October 2014.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
Provider's Self-Assessment	
The programme of events is subject to regular review, reflecting the residents wishing to attend different activities, seasonal variations.	Substantially compliant
Inspection Findings:	
<p>A review of the programme of activities identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents.</p> <p>A resident who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were attending day care opportunities in the day centre area of the home. In accordance with their capabilities most residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident who was well able to articulate his views spoke privately with the inspector. The resident expressed dissatisfaction with his placement in the home and expressed a wish to move to more independent living. The resident confirmed that he is in regular contact with his community care manager who is working to identify a suitable placement. This matter was discussed with management at the conclusion of the inspection and a recommendation has been made in the QIP. Apart from this issue no concerns were expressed or indicated.

11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "X is really well cared for here he has come on so much since he came"
- "They(staff) are really good nothing is too much trouble"

11.3 Staff consultation/Questionnaires

The inspector spoke with staff of different grades and eight staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "We get training if anything new is identified"
- "I'm just new here and have had induction and three supervision sessions already"
- "I've worked other places and the care in here is first rate"

11.4 Visiting professionals' consultation

There were no visiting professionals on the day of the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Mrs Mackin and alone; and a number of residents' bedrooms and communal areas were inspected. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised to varying degrees. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

A review of the fire safety records evidenced that fire training, had been provided to staff on 26 and 27 August 2014. The records also identified that a mock evacuation had been undertaken on the same date and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs McGrady. Mrs McGrady confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by the Registered Provider

The record of visits undertaken by the registered provider in line with the requirements of regulation 29 of the Residential Care Homes Regulations (NI) 2005 were examined for dates 17 June 2014, 23 July 2014 and 15 August 2014. These were found to be satisfactory.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mary Imelda McGrady, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Seconnell Private Village (11155)

2 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Mary Imelda McGrady either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.6 of this report	Continued improvement is required in relation to professional daily recording by staff This area should be continually audited and monitored by the registered manager.	Twice	Staff have received training in relation to daily reporting and recording. Senior staff and the registered manager will continue to monitor this area.	By 30 September 2014 and on going
2	11.1 of this report	The re assessment and future placement of the resident identified at this inspection should be given priority and RQIA informed of the outcome.	First	The identified resident no longer resides within Seeconnell.	Update by 20 October 2014 and on going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Imelda Mc Grady
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Marie Mc Grady

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Ruth Greer	13 1 15
Further information requested from provider			