

Unannounced Care Inspection Report

3 April 2019



Seeconnell Private Village

Type of Service: Residential Care Home

Address: 119 Clonvaraghan Road, Castlewellan BT31 9LA

Tel no: 02843771412

Inspector: Marie-Claire Quinn and Gemma Murray

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 21 residents living with mental ill health and/or a learning disability.

3.0 Service details

Organisation/Registered Provider: Corriewood Private Clinic Limited Responsible Individual: Maria Therese McGrady	Registered Manager and date registered: Paula Murray 6 March 2018
Person in charge at the time of inspection: Sarmite Jolkina, Activity Co-ordinator Imelda McGrady, Registered Provider and Maria Therese McGrady, Responsible Individual, later joined the inspection.	Number of registered places: 21 3 residents – RC-MP 18 residents – RC-LD
Categories of care: Residential Care (RC): MP - Mental disorder excluding learning disability or dementia LD - Learning Disability	Total number of residents in the residential care home on the day of this inspection: 19

4.0 Inspection summary

An unannounced care inspection took place on 3 April 2019 from 10.05 to 15.40 hours. The inspection assessed progress with any areas for improvement identified since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing levels, the provision of person centred care, and working relationships in the home.

One area requiring improvement was identified in relation to ensuring that care plans were signed by the resident and/or their representative.

Residents were positive about living in the home, and stated that they enjoyed all the different activities available. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with 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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Sarmite Jolkina, Person in Charge, Maria Therese McGrady, Responsible Individual, Imelda McGrady, Registered Provider and Sinead Murnin, Activities Co-ordinator, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 October 2018. No further actions were required to be taken following the most recent inspection on 4 October 2018.

5.0 How we inspect

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

During our inspection we:

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

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

Four responses were received from residents who were very satisfied with all aspects of care provided in the home. Eleven responses from staff were received, ten of whom were very satisfied with all aspects of care in the home. One respondent was satisfied or undecided regarding the care in the home. Comments received from residents and staff during and after the inspection were discussed with the management of the home and are included in the main body of this report.

During the inspection a sample of records was examined which included:

- staff duty rotas from 1 to 14 April 2019
- staff training schedule 2018- 2019
- competency and capability assessment records for 2018
- recruitment and induction records for two staff
- fire risk assessment 18 January 2019
- the care records of five residents

- complaints and compliments records
- health and safety audits February – March 2019
- accident/incident records from 8 August 2018 to 3 April 2019
- minutes of residents' meetings 8 January 2018, 24 July 2018 and 4 February 2019
- monthly monitoring reports for 7 January 2019, 9 February 2019 and 11 March 2019
- policy and procedure for adult safeguarding, whistleblowing and infection prevention and control
- RQIA registration certificate

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 care inspection dated 5 August 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 August 2018

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 residents and clients from the care, treatment and support that is intended to help them.

Staffing levels

The person in charge outlined current staffing levels in the home and confirmed that this is adjusted depending on the needs of residents. Review of duty rotas confirmed the arrangements as described by the person in charge.

On the day of inspection, staffing levels appeared satisfactory; staff did not appear rushed or under pressure. Staff were observed to be patient and responsive to the needs of residents, in both group and individual basis. There was a warm and friendly rapport between residents and staff; residents appeared calm and content. Discussion with residents confirmed they felt safe with staff, and that they always felt there was someone they could go to for support when needed.

Comments received by staff following the inspection included, "I think all our residents are happy and cared for to a very high standard. We have a good staff team and a good atmosphere within Seeconnell".

Staff recruitment

Review of two recruitment records confirmed that appropriate pre-employment checks are completed, such as Access NI records. All care staff must also be registered with Northern Ireland Social Care Council (NISCC). Management in the home confirmed this was in place and was audited electronically on a monthly basis. Staff also advised they are registered with NISCC. These checks help ensure that only those individuals who are suitable to work with vulnerable people are employed in the home.

Staff skills

On the day of inspection, 12 members of staff were attending mandatory training for emergency first aid, infection prevention and control, manual handling and adult safeguarding. Discussion with the person in charge confirmed that attendance at mandatory training was monitored; a matrix system was used to audit this. Any staff who missed or failed to attend required training were contacted, and reminded of their responsibilities to maintain their training. The home arranges training both in house and through local health and social care trusts. Staff were aware that if their mandatory training is not up to date, they will be removed from the rota until this has been completed. This contributes to residents' safety, by ensuring only suitably trained staff are working in the home.

A range of additional training, including epilepsy management, swallow awareness, brain injury awareness, diabetes management and learning disability awareness, were also provided to ensure that staff were equipped to meet the specific needs of residents in the home. Staff who spoke with the inspectors confirmed that their training was up to date and that training such as MAPA had been helpful to their practice.

Environment

The home was clean, tidy and warm. Observation of the general environment and staff practice identified that safe and healthy work practices were promoted and practised in the home. For instance, information on hand hygiene was displayed throughout the home. Staff used Personal Protective Equipment (PPE) when required.

Bedrooms were spacious and individualised to the needs and preferences of the resident. One resident is very creative and had drawn cartoons on the walls of their bedroom. Another resident enjoyed Thomas the Tank Engine, and this was used to decorate their room. Another resident loved make-up and glitter, and was pleased to show the inspectors their new bed, which they said was comfortable.

Some bedrooms did not have curtains; discussion with the person in charge confirmed that these had been removed due to the distressed behaviours of some residents. Curtains had been replaced with new blinds to ensure residents had sufficient privacy and shade in their bedrooms.

Some bedrooms did not have window restrictors in place, or required repair to existing restrictors. It was also noted that the cords of the blinds in one corridor were not securely attached to the wall. In one lounge, one chair was noted to be damaged. This was highlighted to the person in charge, and the estates manager began addressing these areas on the day of inspection. Following the inspection, the responsible individual provided written confirmation that all these areas had been addressed, including removing any items which could not be repaired or safely adjusted.

Fire safety

Management advised that the home holds fire safety training, including practice evacuations, twice a year. The last session was completed on 13 September 2018. The person in charge advised that the home's next session was arranged for 18 April 2019.

The home's annual fire risk assessment was completed on 19 January 2019. Recommendations, relating to improving access to fire records, were being addressed. Management advised that checks of fire alarms, means of escape and firefighting equipment were completed weekly.

The inspector noted that one fire door was blocked by a desk and a mattress. This was highlighted to the person in charge and addressed with the home's estates manager, who cleared the entry on the day. Management agreed that the importance of ensuring fire doors are accessible at all times would be reiterated to all staff.

Staff confirmed they had completed fire training, including attending drills and taking part in practice evacuations. Fire safety was also reviewed during the induction of new members of staff. Personal Emergency Evacuation Plans (PEEPs) were included in residents' care records.

Risk management

The home has an adult safeguarding policy and procedure in place, which is in line with regional guidelines. Staff receive training on this, and were able to outline how this informs daily practices in the home.

Access to and throughout the home is through keypad entry, which is in place to promote the safety of the residents. An area of good practice was identified through the use of a specific 'Restricted Practice Personal Safety Contract' which residents signed to confirm their consent to such arrangements.

Additional safeguards are in place depending on the individual needs of residents, such as the use of alarm mats for residents with epilepsy. The home also works with the Positive Behaviour Support team to ensure the safety of residents, for example those who present with self-injurious behaviour. A range of options is utilised and considered to best support the resident. Any restrictions on a resident are discussed and agreed in conjunction with residents, relatives and multi-agency professionals, with a corresponding risk assessment contained in care records.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and risk management.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.5 Is care effective?

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

Care needs

Care records included pre-admission assessment and correspondence with families and multi-agency professionals to ensure the suitability of residents' placement in the home. Annual care reviews were completed and minutes retained within care records.

Some residents required specific 'Responding to Behaviours' assessments and care plans. Staff were able to provide examples of how they use their knowledge and understanding of individual residents needs to ensure they received appropriate care and treatment. For instance, when residents with limited verbal communication become unwell and may present with distressed behaviours as they are unable to verbalise what is wrong. Staff described how they maintain close monitoring of residents, noting any changes or lack of improvement. Staff will advocate for and liaise with professionals such as GP, psychiatry, district nursing, to ensure the residents' needs are recognised and promptly met.

Record keeping

Person centred care plans outlined residents' support needs and preferences including for communication, personal care, safety and security. An area of good practice was identified through the use of a communication profile with some residents. This incorporated guidance from specialist services and was used to inform risk assessments and care plans, which were regularly reviewed.

Care plans were regularly updated and were reviewed on a monthly basis, to ensure they accurately reflected the needs of residents'. Care plan agreements were completed with residents and their relatives at the point of admission, and signed to confirm consent. However not all agreements were signed, including those which had been reviewed since the resident was admitted. This has therefore been stated as an area of improvement.

Communication

Information was communicated to staff through a range of means, such as handovers at the beginning of each shift, regular supervision and staff meetings. The home also retains a staff communication file to keep staff updated and ensure shared learning.

Some staff have experience using aspects of Makaton communication, however the person in charge advised that most residents do not use this language. Communication style depended on the wishes of the resident, and most used a combination of verbal and non-verbal cues to communicate.

On the day of inspection, staff were observed supporting a resident who began feeling unwell but was unable to verbally explain what was wrong. Staff were gentle, kind and respectful in their interaction with this resident, and appeared to understand the resident's non-verbal communication, enabling them to arrange additional support for the resident. Staff were also observed interacting appropriately with residents with limited verbal communication, understanding specific words which had unique meaning to the resident. Other residents could converse as long as simple and coherent language was used.

One resident explained how staff in the home had supported them to create a 'traffic light' system regarding communication. This system supports them to communicate with staff, even when they are acutely distressed and may not be able to clearly verbally explain themselves. It also supports the development of positive behaviours regarding communication and their interactions with people, including strangers. This includes physical contact, such as hugging. This contributes to the resident's safety, for example they stated "I can hug him (member of staff) because I know him."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment, care planning and communication between residents, staff and multi-agency professionals.

Areas for improvement

One area for improvement was identified within this domain during the inspection. This was in relation to ensuring that care plans are signed by the resident and/or their relative.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Residents' involvement

Person centred care plans were completed with residents, detailing important events and dates in a resident's life, preferred activities and hobbies, 'good things about myself' and 'my life now'. This was used to develop individualised routines and schedules with residents and ensure residents were involved in decisions about their care and life in the home. This included religious, spiritual and cultural beliefs, as well as their preferences for end of life care.

Residents meetings were held twice a year. Review of the minutes of these meetings evidenced good discussion and consultation with residents about their life in the home. This included discussion of new activities, holidays and how the service is run. No issues or complaints were raised by residents in the records reviewed in this inspection.

Culture and ethos

Staff presented as keen to ensure residents were respected and empowered in the home. Staff said they worked in the home “to make residents lives as happy and independent as possible.” An example of this was that some residents, with the supervision of staff, do their own laundry in the home. One resident told the inspector how they were proud of this, and that they also work with staff to keep their room clean and tidy. This is good practice, and is to be commended.

Another example of this was evident in the catering arrangements in the home. The cook advised that everything is prepared fresh on site, including birthday cakes where possible. The menu is planned on a seasonal basis, and reflects residents’ likes and dislikes. The cook also explained that alternatives are always provided and she presented with a good knowledge and understanding of resident’s preferences and dietary needs, including if any residents required specialised diets. Residents were also able to approach catering staff if they had any specific requests. One resident had recently requested lasagne and so this was being served for dinner, much to their delight.

Comments received from staff following the inspection included “A happy home!! Really like working here!!... This service is very person centred”.

Activities

Several residents were heading out on a walk with staff when the inspectors arrived. When they returned, residents said they had enjoyed their morning and they were now excited about heading to the cinema that afternoon; “staff spoil me”. Other residents enjoyed an arts and craft session, or watching videos on their iPad. Photographs of residents were displayed throughout the home, showing residents enjoying dressing up and attending the annual formal which the home hosts in a local hotel. Residents talked about their other favourite activities such as bowling and shopping. One resident reported they liked getting their nails done; they had picked out the colour. This resident also enjoyed watching the soaps on TV in the lounge, but had a 'big TV in their room for when they wanted some space.

The home is located in a rural area of County Down and has made excellent use of the extensive grounds surrounding the home. The home has a small playground and outdoor gym equipment. This has been beneficial in encouraging residents to be more physically active. One resident was enthusiastic and excited to show the inspectors the work the residents had been completing outside, clearing the grounds and creating a vegetable garden. Photographs displayed in the home documented this, as well as the cooking group where residents used the carrots, potatoes and turnips they had grown to make soup. Residents and staff were positive about this, and the gardening group remains a weekly activity.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture of the home, the provision of person centred care and listening to and valuing the views of residents and their families.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Management arrangements

The home's registered manager was on annual leave on the day of inspection. Arrangements were in place for a suitably capable and competent member of staff to act as person in charge of the home during this time. The estates manager, responsible individual and registered provider later joined the inspection and confirmed a 'hands on' approach, with regular visits and contact with staff in the home.

Residents were also observed to be comfortable and familiar with management. Discussion with staff confirmed they felt that that management was available, approachable and responsive to any issues raised in the home.

Policy and procedures in the home were reviewed and updated as required on a minimum three yearly basis. Inspection of the home's policies for adult safeguarding, whistleblowing and infection prevention and control were reviewed and found to be satisfactory.

Staff outlined the audit arrangements in the home. Senior care staff conduct monthly audits in areas such as hand hygiene, care plans and the use of PRN medication. Additional quality assurance is provided as the registered manager also conducts a general audit of all areas in the home.

The registered provider conducts monthly monitoring visits and reports which also review audit and governance arrangements, as well as the quality of care provided in the home. Review of these reports confirmed that there were action plans in place to address identified issues. For instance, family representatives are often unavailable to contribute their views, but the home plans to gather feedback through annual satisfaction surveys.

Accidents and incidents

Review of accidents and incidents log confirmed that the home effectively managed any incidents, maintaining communication with residents, relatives and multi-agency professionals. Care documentation was updated to reflect any changes to risk. One incident also led the home to further update their post falls protocol to contribute to continuous quality improvement.

Legislation and standards outline accidents, incidents or events which must also be notifiable to RQIA. Although the home was mostly in compliance with this, the inspector noted two incidents which had not been reported to RQIA. This was discussed with management, who agreed to retroactively submit these incidents. This was completed on the day of inspection and will also be discussed with staff to ensure shared learning and continued compliance.

Working relationships

Staff reported “Morale is great here...there’s low staff turnover, and many staff have been here for a long time...it’s a close team” and “I wake up happy to go to work, there’s good team work”. Staff described their experiences of the capacity and capability assessments as useful learning. They also reported feeling that their professional development was supported in the home as, for instance, senior care staff are now trained to provide supervision to care staff. Some staff have also received fire warden training.

Staff who submitted feedback after the inspection commented, “I am so lucky to work in Seeconnell and to have a great manager to learn from. Staff and residents are working well together.” Other staff described a “great atmosphere... (I’m) very happy in Seeconnell”.

Data protection

Written records of consent to the use of photographs was not included in care records. Discussion with management confirmed that these forms were completed at the point of admission, and had been archived with original files. Management continue to review data protection arrangements in the home to ensure full implementation of General Data Protection Regulation (GDPR). Individual agreements are reviewed annually, and have been updated to reflect the changes as a result of GDPR. Management are receptive to suggestions for continual improvement in this area; for instance the arrangements for access to care records.

Complaints and compliments

Open and transparent communication was encouraged in the home, and staff described the home as having an open door policy. Residents, relatives and staff were encouraged to raise any queries or concerns at an early stage so that issues could be resolved in a timely manner. Residents and/or relatives could also make use of a suggestion box, which was located in the foyer of the home. RQIA posters and information were also displayed.

Although no formal complaints had been received since the last inspection, the home had an audit system in place to monitor and review this as required.

The home also retains a record of compliments received, including cards and letters from families and other professionals. Staff were pleased to note a recent compliment received from another professional, stating “Good to have you and the team looking after patients so well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the Quality Improvement Plan (QIP) were discussed with Sarmite Jolkina, Person in Charge, Maria Therese McGrady, Responsible Individual, Imelda McGrady, Registered Provider and Sinead Murnin, Activities Co-ordinator, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.3 Stated: First time To be completed by: ongoing	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>One Care Plan remains unsigned, resident deemed not to have the capacity and has minimal family input. A link meeting with the South Eastern Trust is scheduled for 30th May 2019, the specific resident Care Plans will be presented again on this occasion to the Trust representatives and his care manager will be asked to sign if happy to do so. It is hoped a family member may attend our end of summer BBQ and a signature can be obtained then also.</p>

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



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