



# Unannounced Care Inspection Report 6 January 2020



## Seeconnell Private Village

**Type of Service: Residential Care Home**

**Address: 119 Clonvaraghan Road, Castlewellan BT31 9LA**

**Tel no: 02843771412**

**Inspector: Marie-Claire Quinn**

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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

<b>Organisation/Registered Provider:</b> Corriewood Private Clinic Limited  <b>Responsible Individual:</b> Maria Therese McGrady	<b>Registered Manager and date registered:</b> Paula Murray 6 March 2018
<b>Person in charge at the time of inspection:</b> Paula Murray, manager	<b>Number of registered places:</b> 21
<b>Categories of care:</b> Residential Care (RC)  MP - Mental disorder excluding learning disability or dementia LD - Learning Disability	<b>Total number of residents in the residential care home on the day of this inspection:</b> 19

### 4.0 Inspection summary

An unannounced care inspection took place on 6 January 2019 from 11.25 hours to 16.10 hours.

The inspection assessed progress with all areas for improvement identified in the home during and 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 the positive interactions between residents, staff and management, person centred care delivery and the provision of activities. We also received very positive feedback from residents, their representatives and staff following the inspection. This feedback has been shared with the home's manager.

One area requiring improvement was identified in relation to monthly monitoring reports.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and staff.

Comments received from residents, residents' representatives and staff during and after the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Paula Murray, manager and Maria Therese McGrady, responsible individual, 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 3 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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. We received responses from seven residents, three resident's representatives and 12 members of staff. Their views are included in the main body of the report.

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

- staff duty rota from 30 December 2019 to 12 January 2020
- two staff recruitment and induction records
- one senior staff competency and capability assessment
- staff supervision schedule
- accidents and incidents records from 2 August 2019 to 5 December 2019
- care records of four residents

- restricted practice register
- monthly monitoring reports dated 5 September 2019, 29 October 2019, 30 November 2019 and 13 December 2019
- a sample of audits including staff registration with NISCC, staff training, infection prevention and control and hand hygiene
- annual quality review report dated 3 January 2020.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 3 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the care records of four residents confirmed that this had been fully addressed. This area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Environment

The home was clean, tidy, warm and appropriately decorated. Bedrooms were personalised depending on the needs and wishes of the resident. Residents had access to several communal areas for social and leisure activities.

Additional work had been completed in the garden area, with the use of poly tunnels to support residents who enjoyed growing vegetables.

We noted two occasions where maintenance equipment had not been securely stored; this was highlighted to management who agreed to address this immediately.

### **6.2.2 Staffing**

We saw care being delivered in an organised and calm manner. There were sufficient staff on duty to meet the needs of residents. The manager outlined planned staffing levels and these were reflected in staff duty rotas. No concerns regarding staffing levels were raised by residents or staff. We spoke with staff on duty during the inspection, who told us:

- “The residents are happy here. There is always plenty to do. Staff have good support and it’s a good team; we support each other. Paula (manager) is great. I have no concerns at all.”
- “Paula is a good manager. I wouldn’t have stayed here so long if she wasn’t. There is lots of training and we have time to familiarise ourselves with care plans. I think the residents are very happy – I joke that they have a better social life than me!”

### **6.2.3 Staff recruitment, induction and training**

We reviewed the systems which are used to ensure that staff are safe and suitably skilled to work with vulnerable service users. Review of staff recruitment records was satisfactory. Staff completed their initial induction in a timely manner. The manager outlined recent improvements to staff competency and capability assessments and how this had been used to drive improvement in the home.

The home maintained overview of staff’s professional registration with the Northern Ireland Social Care Council (NISCC). This was monitored on a regular basis to ensure all staff were appropriately registered.

Review of staff supervision schedule confirmed that staff received adequate individual supervision. Discussion with staff and the manager and review of records confirmed that staff had received training on adult safeguarding and deprivation of liberty safeguards.

We saw staff adhere to safe and healthy working practices by maintaining and promoting hand hygiene and using plastic aprons when required. Management maintained oversight of this through daily walkabouts and regular audits; review of these was satisfactory.

### **6.2.4 Care delivery**

There was a pleasant, relaxed atmosphere in the home throughout the inspection; staff and residents had cheerful and friendly interactions. Residents were well presented, receiving support with personal care in a timely and discrete manner. Residents were comfortable around staff and in approaching them with specific requests or just to chat.

Staff were knowledgeable and adept at communicating with residents in both verbal and non-verbal styles. Residents who were unable to clearly verbally communicate were content engaging in their preferred activities. Any signs of discomfort or distress were promptly and effectively addressed by staff.

The home had planned both a morning and afternoon activity for the residents, which was flexible depending on the needs of residents. We saw residents enjoy the morning music

session, singing and dancing along to the live guitar player and joining in by playing the tambourine and maracas.

Due to the poor weather on the day, the planned walk had to be postponed and staff made alternative arrangements, depending on resident choice. Some residents enjoyed drawing and making cards; other requested a manicure or to go for a trip to the local shop. There was an ample supply of jigsaws, board games and books which residents enjoyed using.

We observed part of the lunch time meal. Residents were encouraged to be independent, with staff visible and available for support as required. The food looked appetizing and residents told us the food was “yummy”.

The residents we spoke with told us they like living in the home:

- “Christmas was great craic here; we had fun singing and dancing and people dressed up! Christmas dinner was delicious. We got lots of sweets and biscuits but I’m being healthy now. I love going out for a walk.”
- “I’m very happy. Paula (the manager) took me out shopping to get a dress and we went for pizza after. I’m going shopping again this week for a new coat.”
- “Paula (the manager) spoils me rotten! I got a tablet for Christmas and I play candy crush.”

### **6.2.5 Care records**

We reviewed a sample of the care records of four residents. These contained a person centred care plan, which had been completed with residents and/or their representatives. There was evidence of regular review, including annual review with multi-agency professionals. This is good practice to ensure the care and support plan remains relevant and up to date for each resident.

Care records contained sufficient detail on how staff can support residents with maintaining good oral health. Staff had supported two residents to attend dental appointments on the day of inspection.

Residents’ weights were monitored on a regular basis, with their consent. Appropriate action was taken if any issues were identified, including referral to dieticians or speech and language therapy as required.

We highlighted two care plans relating to resident’s continence needs which required some clarification. Discussion with management provided sufficient assurances regarding the management of same, including the use of daily progress notes and staff handovers. Management agreed to further review the care plans to reflect this therefore an area for improvement was not required on this occasion.

### **6.2.6 Management oversight**

Discussion with management and review of records confirmed that the home had made appropriate preparations for the partial implementation of the Mental Capacity Act (NI) 2016. This included the development of the home’s policy relating to deprivation of liberty safeguards and the use of a risk register to maintain oversight of existing safeguards in place for residents. The home continues to liaise with Health and Social Care Trusts including their

involvement in a pilot project regarding capacity assessments for service users living in the community, which they felt had been a useful experience for the resident, staff and professionals.

Review of accidents and incidents records confirmed that these were managed appropriately. Notifiable incidents were reported to the relevant agencies, including RQIA, as required.

It was positive to note that there were several systems available for residents, their representatives and staff to provide feedback to the home. The home's annual quality review report included the results from the annual feedback surveys and the results had been displayed in the home's foyer. The home's complaint procedure was also clearly visible, along with a suggestions box.

Monthly monitoring visits were conducted as required in the home. Management had reviewed and actioned identified issues in a timely and responsive manner. We did note that the views of relatives and representatives were not always included or sought in these reports. We discussed additional strategies the home can use to capture feedback, both positive and negative, from relatives and representatives. This included telephoning or emailing individuals, if none are present or visiting during the unannounced visit. An area for improvement has been made.

### **6.2.7 Feedback from residents**

We received feedback from seven residents following the inspection. They confirmed that they felt safe living in the home, that staff are kind, that their care is good and the home is well organised. Residents told us:

- "I'm happy."
- "People get to do what they want to do."
- "Seeconnell is good."
- "Staff take care of me very very well."
- "Seeconnell is nice."

### **6.2.8 Feedback from resident's representatives**

We received feedback from three resident's representatives following the inspection. They confirmed that they were very satisfied that the care in the home is safe, effective and compassionate and that the service is well led. Specific comments included:

- "Well run establishment. This placement has been an absolute godsend. My (relative) is so happy and content. Staff are so friendly and make me feel welcome no matter what time of the day it is."
- "My (relative) has improved from he has moved to Seeconnell. I believe he is very happy living in Seeconnell."
- "Since my (relative) has been a resident in Seeconnell she is very happy and her needs are fully met. There has been a great improvement in her well-being and participation in activities and this is due to the compassion shown by staff and their expertise."



## 6.2.9 Feedback from staff

We received completed feedback from 12 members of staff following the inspection. Nine of the respondents were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. Staff praised the team work, morale and support from management in the home. Comments from staff included:

- “All staff members are dedicated to the care and respect of their service users. The care and compassion each staff member have for their service users is like no other.”
- “I am lucky one who wakes up in the morning looking forward to go to work. Approachable manager, great leader and coach and peoples person. Love working with residents, so rewarding.”
- “I honestly love my role & place of work. Everyone from staff to service users are all treated and made to feel equally & respected the same. I come away everyday feeling fulfilled & a job well done thanks to the great & very approachable management, who always encourages good team work, friendship & honesty among all.”
- “Seeconnell consistently aims to empower service users to have choice and control of their care. Residents are treated with respect and dignity in all aspects of care.”
- “Excellent, well managed home which provides optimum care for their residents, allowing them to flourish to the best of their abilities.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the positive interactions between residents, staff and management, person centred care delivery and the provision of activities.

### Areas for improvement

One area for improvement was identified during the inspection in relation to monthly monitoring reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 and Maria Therese McGrady, responsible individual 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29. – (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that monthly monitoring visit reports include the views of residents’ representatives. If no representatives are available in the home during the visit, contact can be made via telephone or email to gather feedback.</p> <p>Ref: 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The manager will continue to send Relative Satisfaction Surveys to all of the families once annually for opinions and feedback and will continue to analyse and display. The Responsible Individual/Provider will continue to complete a monthly monitoring visit and will aim to see family members where possible, should no family members be available at the time of the visit for two consecutive months then the Responsible Individual/Provider will make phone contact with various family members. The Provider will also continue to attend resident/relative parties scheduled throughout the year and obtain feedback from families on all of these occasions.</p>

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



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