

Unannounced Care Inspection Report 7 June 2016



Seeconnell Private Village

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Inspector: Ruth Greer

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Seeconnell Private Village took place on 7 June 2016 from 10.00 to 16.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements and one recommendation was made in regard to safe care. The recommendation was in relation to the development of a matrix to show the frequency of staff supervision. There were examples of good practice found throughout the inspection in relation to staff induction and training.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice found throughout the inspection in relation to care records, audits, reviews and communication with residents, their representatives and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of compassionate care on the day of the inspection in the inspector's observation of care practice.

Is the service well led?

No requirements or recommendations were made in regard to well led care. There were examples of processes in place in relation to governance. The manager, the registered persons and senior staff have adopted a proactive approach to continual internal quality assurance within the home.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the QIP within this report were discussed with Paula Murray, acting manager and Marie Mc Grady, registered person 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection which took place on 10 November 2015.

2.0 Service details

Registered organisation/registered person: Maria Therese McGrady	Registered manager: Paula Murray acting
Person in charge of the home at the time of inspection: Paula Murray	Date manager registered: 22 April 2015
Categories of care: MP - Mental disorder excluding learning disability or dementia LD - Learning Disability	Number of registered places: 21
Weekly tariffs at time of inspection: £494 - £1700	Number of residents accommodated at the time of inspection: 21

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the previous inspection and notifications of accidents and incidents.

During the inspection the inspector met with nine residents, four care staff, and two catering/domestic staff. There were no visiting professionals and no residents' visitors/representatives present on the day.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and appraisal
- Staff recruitment file
- Management audits and quality assurance systems
- The policy and procedures manual
- Fire safety records
- Record of accidents/incidents
- Record of complaints
- Staff recruitment file
- Selected policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015

There were no requirements or recommendations made as a result of the most recent inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

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

On the day of inspection the following staff were on duty –

Manager (acting) x 1
 Assistant manager x1
 Senior support worker x 2
 Support worker x 8
 Catering x 2
 Domestic x1
 Maintenance x1

The registered person and provider were also present throughout the inspection.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. One staff member confirmed that her induction period had lasted for three weeks as a supernumerary shift member and had included training in all the mandatory areas.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The manager has developed a matrix for staff mandatory training. Records of staff supervision were available for inspection. The manager confirmed that supervision was up to date and the frequency of sessions met the minimum standard. In discussion with the manager it was recommended that a matrix is developed of staff supervision which will provide ease of audit.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. The manager confirmed that an "early warning" system is established with NISCC which alerts her to when staff renewal of registration is due.

The adult safeguarding policies and procedures in place which were consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established a safeguarding champion. The home has compiled a comprehensive policy file dedicated to safeguarding vulnerable adults. This contains a copy of associated relevant legislation and good practice guidelines. For example The Human Rights Act 1998 and The Mental Capacity Act 2001.

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

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this had been revised in January 2016 to include reference to new regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members of all designations established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Further evidence came from recent contact between the home and RQIA regarding a referral from the Trust for admission of a person outside of the home's registered categories. The home did not agree the admission. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were in place for example bed rails, specialist equipment and safety alarms. These were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge, dated June 2014 confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance for example "Let's Talk About Restraint (RCN) and Deprivation of Liberties Safeguards (DoLS). The home also had in place a specific policy in relation to Access and Keypad Use dated September 2014.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, keypad entry systems, time out etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed. Due to the specialist requirements of many of the residents in Seeconnell the home have a well-developed relationship with the Behavioural management team of the Trust. Records showed that social workers are very regularly in the home to monitor and review the care planned and delivered to residents.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, September 2015, identified that any recommendations arising had been addressed and completed in October 2015. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 7 March 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area of improvement was identified during the inspection. This related to the development of the development of a matrix for staff supervision.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

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

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected a high degree of multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Many of the residents do not have verbal communication. Observation of practice showed that staff are aware of a variety of methods of non-verbal communication methods and of which one is best suited to individual residents. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. The care files examined contained contact details of named individual advocates (provided by Bryson House) for each resident. This is commendable.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected by giving examples of how this underpins their practice.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home has a well-developed "day care" centre in the basement of the building with a designated senior staff member in charge of activity provision. Arrangements were in place for residents to maintain links with their friends, families and wider community for example two residents were facilitated to attend a multi-agency meeting as part of a focus group on the provision of health services for adults with a learning disability. This is a commendable initiative in that persons with a learning disability can have a voice to influence the services they receive with the policy makers/planners for the service. On the day of the inspection several residents had gone shopping in preparation for their attendance at a formal dinner/dance in a local hotel.

One resident who spoke with the inspector gave permission for his achievements to be recorded in this report. The resident had won a gold medal in the Ulster stage of the special Olympics. The resident plans to progress to the all-Ireland stage and ultimately to the Olympic Games. The home is facilitating and supporting the resident's ambitions. This is commendable.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents meetings take place regularly most recently in January 2016. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. One example was the provision of easy read versions of health promotion literature.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

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

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Information on complaints had also been produced in pictorial form. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Complaints are audited on a three monthly basis and a copy of the audit is shared with the Trust. This is good practice.

Specialist training for staff had been provided on Personal Effectiveness. A review of the programme showed that the training focussed on reflective practice and self-awareness and the effect staff attitude/ behaviour may impact on residents. This is commendable.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken on a monthly basis and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

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

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The most recent monthly visits took place on 14 April 2016 and 17 May 2016.

There was evidence of managerial staff being provided with additional training in governance and leadership. Senior staff have been delegated responsibility to audit several areas of care; for example medicine management. Senior staff have developed an audit template to monitor the standard of hand washing. Staff practice is observed on a spot check basis with the outcome recorded and any learning is identified and put into practice.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person/s identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Paula Murray, manager, and Marie Mc Grady registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 8 July 2016</p>	<p>The registered person should devise a matrix of staff supervision.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager has devised a matrix of staff supervision which indicates the dates of the supervision, 3/12 and the dates of the staff appraisals. P. Murray</p>
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