



## **Secondary Unannounced Care Inspection**

|                               |                                      |
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| <b>Name of Establishment:</b> | <b>Seeconnell Private Village</b>    |
| <b>Establishment ID No:</b>   | <b>11155</b>                         |
| <b>Date of Inspection:</b>    | <b>13 &amp; 14 May 2014</b>          |
| <b>Inspector's Name:</b>      | <b>Maire Marley &amp; Ruth Greer</b> |
| <b>Inspection No:</b>         | <b>18353</b>                         |

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

|  |   |
|--|---|
| <b>Name of Home:</b>   | Seeconnell Private Village  |
| <b>Address:</b>  | Seeconnell Private Village<br>119 Clonvaraghan Road<br>CASTLEWELLAN<br>BT31 9LA |
| <b>Telephone Number:</b>   | (028) 43 77 14 12   |
| <b>E mail Address:</b>   | seeconnellrqia@btconnect.com  |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Ms Maria Therese McGrady  |
| <b>Registered Manager:</b>   | Mrs Mary Imelda McGrady (Acting)  |
| <b>Person in Charge of the home at the<br/>time of Inspection:</b> | Mrs Mary Imelda McGrady (Acting)  |
| <b>Categories of Care:</b>   | RC-LD   |
| <b>Number of Registered Places:</b>                                | 21  |
| <b>Number of Residents Accommodated<br/>on Day of Inspection:</b>  | 13 in Slieve Wing<br>5 in Clan Wing   |
| <b>Scale of Charges (per week):</b>                                | Trust Rates   |
| <b>Date and type of previous inspection:</b>                       | 9 March 2014<br>Secondary Unannounced Inspection                                |
| <b>Date and time of inspection:</b>                                | 13 May 2014, 9.15am - 6.00pm<br>14 May 2014, 9.15am - 4.30pm                    |
| <b>Name of Inspector:</b>  | Maire Marley & Ruth Greer   |

## 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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

## METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## INSPECTION FOCUS

This unannounced care inspection was undertaken to Seeconnell Private Village in response to incidents submitted by the home to RQIA. The inspection also sought to assess progress with the issues raised during the previous inspections undertaken in January 2014 and March 2014.

## PROFILE OF SERVICE

Corriewood Ltd is the Registered Organisation in control and Ms Maria McGrady is the Responsible Person. The Acting Manager is Mrs Imelda McGrady who is a Director of the company.

The acting manager is based within the home and is supported in the management role by two deputy managers and a team of care and support staff who assist with the day to day running of the home.

Seeconnell Private Village is a multi-level building with upper, ground and lower level access. The accommodation within Seeconnell Private Village includes 15 single bedrooms in the Clan Suite, thirteen of which are ensuite; two bedrooms have a con-joined ensuite designed for siblings sharing. The Clan Suite has three communal lounges of varying sizes which are equipped with seating and occasional tables. The dining room is situated on the ground floor and overlooks the courtyard. A range of assisted bathrooms, shower facilities and toilets are located throughout the building.

The kitchen, laundry and the majority of service facilities including staff facilities are located on the ground floor of the Clan Suite. A visitor's room with a small equipped kitchen is available on the upper floor.

The Slieve Suite was registered in December 2013 and has six bedrooms, all of which are ensuite. Furnishings include a bed, a bedside lamp, a lockable bedside locker, drawers and wardrobes. A call system is provided to enable residents to summon assistance from staff. The Slieve Suite includes a kitchenette/dining room/sitting room, communal bathroom and a small office. The Slieve suite has a separate entrance on the lower ground and upper ground floor and a lift is in-situ. Access in/out of these doors is controlled by keypads. There is an enclosed terrace and a courtyard.

The home is located off the main A1 Belfast to Dublin Road and is signposted from the nearby town of Castlewellan and is situated within the geographical area of the South Eastern Health and Social Care Trust, in a rural area designated as an area of outstanding natural beauty. It is approximately five miles from Dromara and is within travel distance of Newcastle, Banbridge, Hillsborough, Downpatrick and Dromore.

The home has a people carrier and the vehicle is kept on the premises to assist the residents to get out and about.

The home is registered to provide care for a maximum of 21 persons under the following categories of care: LD (Learning Disability).

## SUMMARY

This unannounced secondary inspection of Seeconnell Private Village was undertaken by Maire Marley and Ruth Greer on 13 and 14 May 2014 between the hours of 9.15am and 6.00pm.

This inspection was undertaken to the home in response to reported incidents submitted to the RQIA. The inspection also sought to assess progress with the issues identified during the previous inspection.

The acting manager, Mrs Imelda McGrady was available during the inspection and for verbal feedback at the conclusion of the inspection. On 13 May 2014 Ms Maria McGrady, Responsible Person, joined the inspection for feedback. Mrs Collette Mackin, Assistant Manager was available on both days of the inspection for feedback.

The requirements and recommendations made as a result of the previous inspections undertaken on 29 January 2014 and 9 March 2014 were examined. Observations and discussion with the management team demonstrated that the home had responded positively to the requested improvements and all requirements and recommendations had been addressed. The detail of the actions taken by the acting manager Mrs Imelda McGrady can be viewed in the section following this summary.

During the inspection the inspectors met with residents, staff, two relatives and a visiting professional, 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 and carried out a general inspection of the home.

A number of records were examined and included accident and incidents, the management of complaints, monthly monitoring reports, staff recruitment, staff training, staff induction, staff supervision, care plans, risk assessments and review of care.

There was evidence that the management team were informing RQIA of notifiable events in accordance with regulations. Records viewed indicated that accidents and incidents were recorded appropriately. Each suite had an accident book and the details of the accident were recorded along with the action taken. The acting manager reported that the referring Trust also regularly reviewed the accidents and incidents that occurred in the home. Staff interviewed on the day answered questions on first aid and general accident scenarios competently. Further details can be found in section 11.0 in the main body of the report.

An additional focus of this inspection was to ascertain if the health, safety and welfare of the residents was being met by the staff team. Discussions took place with a number of care staff and two catering staff.

The inspectors reviewed eight care records and found that all residents had a care plan in place and there was evidence that a range of assessments had been completed for each resident. Staff were aware of the daily routines of residents but at times their descriptions to the inspectors differed in how each resident's care is actually delivered. Improvements are required in this regard. Observation of the serving of breakfast in the Clan Suite resulted in a request for management to review the risks or potential risks of leaving breakfasts unattended. The observation of lunch in the Slieve Suite also resulted in a request for management to review the seating arrangements for those staff assisting residents with their meals.

The staff roster for a three week period in May 2014 indicated that the acting manager worked five days a week undertaking management and supervisory duties. The acting manager confirmed that the home's staffing levels were sufficient to meet the assessed needs of the residents and were in accordance with the minimum recommended RQIA staffing guidance.

As part of the home's overall governance arrangements, the responsible person regularly visits the home, and undertakes at least one unannounced visit to the home each month in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The training records identified that staff had opportunities to participate in a range of training relevant to the needs of the residents. Staff are encouraged to undertake NVQ awards in direct care.

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be going about their daily routines, going shopping, attending day care or relaxing in different areas of the home.

The home was clean and there were no noted hazards. Attention was paid to fire safety. A record of visitors was maintained to determine the movement of persons in and out of the building.

Three requirements and four recommendations were made as a result of the unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors wish to thank Mrs McGrady, acting manager, residents and staff for their helpful discussions and assistance throughout the inspection process.

**FOLLOW-UP ON PREVIOUS ISSUES**

| NO.   | REGULATION REF.    | REQUIREMENTS   | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION   | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|--------------------|--|--|--------------------------------------|
| <b>Primary Unannounced Care Inspection, 23 January 2014</b> |                    |  |  |                                      |
| 1   | Reg 8 (2) (a) (b)  | Where the registered provider appoints a person to manage the residential home she must inform the RQIA in a timely manner of<br>(a) the name of the person so appointed<br>(b) the date on which the appointment is to take effect.             | The registered person confirmed that she will inform the RQIA when a person is appointed to manage the residential care home. Mrs Imelda McGrady will continue in the position of acting manager.  | Not applicable on this occasion      |
| 2   | Reg 9 (2 (i) (ii)) | The registered provider must ensure a manager has;<br><br>(i) the qualifications, skills and experience to manage the home.<br><br>The registered provider must ensure a manager;<br><br>(ii) is physically and mentally fit to manage the home. | The registered person provided a copy of an advertisement placed in local papers and recruitment agencies in regard to the recruitment of a manager. The advertisement detailed the qualifications, skills and experience required.<br><br>The registered person confirmed that information would be sought in regard to an applicant's medical fitness. | Compliant                            |

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| 3 | Reg 9 (3)  | The registered provider must ensure he has obtained two written references relating to the person to be appointed including a reference from the person's present or most recent employer.  | A file was examined and contained evidence that two written references had been requested from the previous employer. The most recent employer provided a statement that it was the company's policy not to issue references and would only confirm dates of employment. The home had obtained an additional two references. | Compliant                         |
| 4 | Reg 13 (7) | <p>The registered person must ensure suitable arrangements are in place to minimise the risk of infection.</p> <p>Sanitizers must be maintained properly and food should be transported in accordance with the food safety management system.</p> | <p>On the day of this inspection suitable arrangements were in place to minimise the risk of infection. The home was found to be clean, tidy and no infection control issues were identified.</p> <p>Sanitizers were examined and found to be in working order. Food was observed to be transported appropriately.</p>       | <p>Compliant</p> <p>Compliant</p> |
| 5 | Reg 13 (7) | The registered person must ensure that the laundry room is maintained in accordance with current infection control best practice.   | The laundry room was inspected and found to be clean, tidy and organised. It was noted that linen was managed in accordance with infection control procedures.   | Compliant                         |



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| 6 | Reg 13 (8) (a)<br>Reg 14 (2) (a)  | The registered person must ensure that the home is conducted in a manner that respects the privacy and dignity of the residents.               | The inspectors observed that the appropriate screening had been placed on windows therefore promoting the privacy and dignity of residents.  | Compliant |
|   |                                   | The registered person should ensure all parts of the residential care home that residents have access to is free from hazards to their safety. | On the days of inspection there were no noted hazards.   | Compliant |
| 7 | Reg 19 (2)<br>Schedule 4 6<br>(g) | The registered person must ensure the records of induction are complete.   | A review of four induction records evidenced that all induction areas had been completed. The records were signed by the person providing the induction, and the employee receiving induction. Records viewed were dated.                      | Compliant |
| 8 | Reg 27 (2) (d)                    | The registered person must ensure that all parts of the home are kept clean at all times.  | On the days of inspection the areas in the home were inspected and found to be clean, tidy and organised. The responsible person reported that additional cleaning hours had been allocated following the inspection undertaken in March 2014. | Compliant |
| 9 | Reg 27 (2) (b)                    | The registered person must ensure that repairs to the home are completed in a timely manner.   | There was evidence that the registered person had taken action to ensure repairs were addressed in a timely manner.  | Compliant |

| Secondary Unannounced Care Inspection, 9 March 2014 |                     |  |  |           |
|---|---------------------|--|--|-----------|
| 1   | 19 (2) Schedule 4 7 | The responsible person/registered manager must ensure that the hours the registered manager works is included on the duty roster.  | A review of the duty roster for the month of May 2014 confirmed that the acting manager's hours were detailed in the document.   | Compliant |
| 2   | 13 (4) (b) (c)      | The registered manager must review the management of the weekend morning medicine round as detailed in section 1.5 of the report.  | The acting manager reported on the review undertaken in regard to the management of the weekend morning medicine round. Residents' G.Ps had been contacted and agreement sought in regard to the late administration of medication at weekends. The dispensing pharmacy had provided a kardex with additional times to accurately record the time of administration. | Compliant |
| 3   | 15 (1) (a)          | The responsible person/registered manager must ensure:   | The acting manager confirmed that each resident had a comprehensive assessment completed in regard to the management of behaviours. Files examined contained a range of risk assessments.  | Compliant |
|   |                     | <p>(a) each resident in the Slieve Suite has a comprehensive assessment that highlights behaviours that are presenting a risk.</p> <p>(b) The assessment should detail the minimum level of security and restrictions required to manage the identified risks.</p> | The acting manager confirmed that each resident had a statement in their care file detailing the level of security and restrictions required to manage the identified risks.   | Compliant |

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| 4 | 13 (7)     | <p>(c) The responsible person/registered manager must ensure staff manage dirty linen in accordance with infection control procedures.</p> <p>(d) The responsible person/registered manager must ensure staff fully understand and implement the appropriate infection control measures at all times.</p> <p>(e) The responsible person/acting manager must ensure that suitable robust systems are in place to monitor infection control standards and deal with poor or unsatisfactory performance.</p> | <p>On the day of the inspections an improvement in the management of infection control was noted. The inspectors observed that clean and dirty linen was managed in accordance with infection control guidance.</p> <p>Minutes of staff meetings examined during the inspection showed that management had held meetings with all staff in regard to infection control. Additionally infection control and hand hygiene audits were undertaken.</p> <p>The record of the monthly monitoring visits and infection control audits provided evidence that suitable systems were put in place to monitor infection control standards. There was evidence that any issues identified were addressed appropriately.</p> | Compliant |
| 5 | 20 (1) (a) | The responsible person/acting manager must ensure arrangements are in place to monitor that staff training is imbedded in practice.   | The responsible person/acting manager reported that the effect of training is monitored informally on a day to day basis and formally via supervision.  | Compliant |
| 6 | 20 (1) (a) | The acting manager should ensure that only those staff with in depth knowledge and skills are responsible for 1-1 supervision of residents.   | The acting manager reported that it is now the practice that only experienced staff are responsible for 1-1 supervision of residents. No issues were identified during this inspection.   | Compliant |

| NO.  | MINIMUM STANDARD REF. | RECOMMENDATIONS   | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION   | INSPECTOR'S VALIDATION OF COMPLIANCE |
|--|-----------------------|---|--|--------------------------------------|
| <b>Secondary Unannounced Care Inspection, 9 March 2014</b> |                       |   |  |                                      |
| 1  | 28.1                  | The acting manager should ensure that the designated key holder has access to all parts of the building at all times. | The acting manager reported that the responsibility of ensuring keys were held at all times by the designated key holder was reinforced with relevant staff. This was also evident in the minutes of staff meetings. | Compliant                            |

## **ADDITIONAL AREAS EXAMINED**

### **Staffing**

Examination of the staff roster for a three week period in May 2014 indicated that the registered manager had been working five days a week undertaking management and supervisory duties. Confirmation was provided to the inspectors that the home's staffing levels are in accordance with the minimum standards and were sufficient to meet the assessed needs of the residents.

On the days of inspection the following staff were on duty:

- One Acting manager
- One Assistant manager
- One Senior Support Worker
- Nine Support Workers
- Two Catering staff
- Two Domestic staff
- One Clerical assistant
- One Maintenance person

Discussion with care staff individually took place over the two days of the inspection. Three support workers were interviewed on 13 May 2014. One senior support worker and three support workers were interviewed on 14 May 2014. The staff interviewed had been employed in the home for a span of three years to the most recent six months. Experience of working in the caring role was varied. Some staff reported they had worked in a nursing home, one had undertaken studies in health and social care in school and some staff reported caring for a family member with disabilities.

### **Recruitment and selection**

There was evidence that the home's policy and procedures for staff recruitment detailed the recruitment process and complied with legislative requirements and DHSSPS guidance. Two staff files were examined and found to contain the documentation as detailed in Schedule 2 of the Residential Care Homes Regulations. It was noted that in one file a previous employer stated it was company policy not to provide references and they would only confirm the dates of employment. The home had sought a further two references. It is recommended that telephone contact with the staff member's previous line manager should be made to assure the responsible person there were no outstanding concerns. A record of this conversation should be maintained.

### **Staff induction**

The inspectors reviewed the induction records pertaining to a recently employed assistant manager, three care staff and three catering staff. The cook has a management role in respect of the catering staff in the home and provides induction for new staff. The original induction programme is re-visited annually and updated if necessary. It was noted in the files relating to care staff, no such evidence was provided. A requirement has been made that following induction the registered person/acting manager must assure themselves that newly appointed staff are assessed and deemed competent.

## Staff training

Training/development records were maintained for each staff member. Within individual staff records, there was confirmation of the training attended along with certificates to confirm staff attendance at training sessions. A record of the name of the person who completed the training, and the content of the training programme was maintained. Staff had attended training on Protection of Vulnerable Adults, Managing Aggression, COSHH/Health and Safety, Infection Control, Moving and Handling, Fire Safety, Fire Drill, Emergency First Aid, Administration of medication, Basic Food Hygiene, Epilepsy and administration of Buccal, Behaviour Support Learning Disability and coping with challenging behaviour, Swallowing Awareness, Diabetic training. On the first day of the inspection three staff were attending training organised by the Speech and Language Therapy Department in the Downshire Hospital on the importance of different textures in food provision. On the second day of the inspection the home had arranged for staff training in assessment and care planning. When questioned about the training provided the staff interviewed felt that this is provided regularly and is relevant to the residents they are caring for. For example, Epilepsy Awareness on 4 December 2013, Learning Disability on 10 October 2013 and Swallowing Awareness on 11 April 2014. Two staff reported that they had to leave a First Aid course fifteen minutes early and therefore did not receive their certificates. Both staff had been informed they would have to resit the course. Staff are encouraged to undertake NVQ levels two and three in direct care.

In 2012/13 19 staff obtained NVQ Level two Direct Care and three staff had obtained NVQ Level three direct care. One member of staff had completed a course in TEACCH (Treatment and education of autistic and communication handicapped children) and one member of staff had completed a sensory awareness and assessment course.

Seven staff were undertaking NVQ level three in 2013/14 and a further seven staff were completing NVQ Level three.

The acting manager reported that the management team evaluate training during informal daily monitoring of practice, discussion with individual staff and more formally in supervision.

## Supervision

The home had a policy on supervision that stated supervision would be provided four times a year. The examination of the record of supervision for five care staff found that staff had received one session of supervision within a six month period. In interviews with the inspectors staff were unsure of the role of professional supervision and the role of staff supervision in a residential care home setting. Most of the staff confirmed that they had had a supervision session within the previous six months. The inspectors were informed that if there is an incident in the home the staff on duty at the time are offered time out and a de-brief from senior staff. Social care staff should receive supervision no less than every six months and more frequently for new staff or those not performing satisfactory. A recommendation is made in this regard. It is also recommended that any staff responsible for formal supervision is appropriately trained. Suitable arrangements should be in place to monitor the provision of supervision. The acting manager was provided with information on a supervision guide issued by Social Care Institute for Excellence (SCIE).

## **Staff meetings**

Records indicated that staff meetings are held regularly in the home. Staff informed the inspectors that if they are unable to attend staff meetings then an overview of the meeting was given to them by a senior staff member. It was noted that the outcomes of previous inspections had been discussed with the staff team.

## **Regulation 29 visits by the registered person**

In line with regulations, the responsible person undertakes unannounced monthly monitoring inspection visits to the home and completes a report. The previous three months monitoring reports were reviewed and found to be in keeping with regulations. In addition it was noted that areas identified during inspections were addressed with the staff on duty.

## **Accidents/incidents**

The inspectors discussed the reporting of notifiable events with the acting manager and assistant manager. The management team were aware of the legal requirement to report notifiable events without delay to RQIA. There was evidence the home had complied with regulations. The inspectors also discussed with the responsible individual and registered manager a specific notifiable report which had been received by RQIA prior to this inspection. The notification report for this incident was appropriately submitted to RQIA on the date of the incident. The report indicated that staff had followed procedures and contacted the relevant professionals/authorities. The inspectors were provided with an email that commended staff on the management of the incident from the referring trust. The inspectors were informed that the responsible individual was attending a meeting with the referring trust on 14 May 2014 to review the action taken. The acting manager confirmed that a follow up notification report would be submitted to RQIA.

Each suite has an accident book. Records viewed corresponded with information recorded in the daily progress notes. The acting manager reported that the referring Trusts also review all accidents and incidents occurring in the home.

Staff interviewed on the day answered questions on first aid and general accident scenarios competently.

## **Health and social care**

The home provides care to residents who have a range of care needs. At the time of the inspection there were 18 residents accommodated in the home. The inspectors reviewed a sample of eight residents' care plans and discussed care practice with management and staff. Each resident had a named GP, community keyworker and/or care manager. There was evidence that a range of professionals are involved in the delivery of care and include behaviour specialists, speech and language therapists, occupational therapists, psychologists and psychiatrists. Files viewed showed evidence that referrals if necessary are made to the appropriate service. Regular care reviews are held and are attended by family, the resident and members of the multi-disciplinary team. The services of an independent advocate had been sought for the residents in the Slieve Suite.

## **Pre admission assessments**

The acting manager informed the inspectors that all residents were assessed prior to their admission. The inspectors were informed that several staff had visited the hospital where residents were being discharged to Seeconnell and had observed how care was delivered by nursing staff to the residents. In addition staff from the hospital had worked in the home during the settling in period. On admission to the home an admission checklist is completed. This document includes information in regard to information provided to the resident, GP referral, personal property, clothes etc. Copies of information and transfer documentation from hospital/community were retained on file.

## **Care plans**

The inspectors reviewed eight care records and found that all residents had care plans in place and there was evidence that a range of assessments had been completed for each resident. For example in some resident's files, swallowing recommendations were available for staff to guide day to day practice, other records contained behaviour support plans. In discussion with care staff it was evident that all staff were aware that there are care plans for each resident and confirmed that they had read care plans or "part of them" at some stage. Inspectors were told that staff generally do not refer to the care plans on a regular basis and although they were aware of the individual needs of the residents knowledge was learned by shadowing more experienced staff members. Staff were aware of the daily routines of residents but at times their descriptions to the inspectors differed in how each residents' care is actually delivered. Staff demonstrated an awareness of triggers which may precipitate a challenging behaviour incident from residents. For example, being mindful of a change in facial expressions, banging tables or verbal cues. Staff confirmed that they could raise any questions they had regarding behavioural plans with management.

The South Eastern Trust had arranged staff training in person centred plans. The first session was held on the second day of the inspection with further sessions arranged in the forthcoming weeks. The inspectors spoke to the care manager responsible for providing the training. He reported that the training was specifically for care staff to encourage ownership and aid development.

## **Daily progress records**

A daily record was maintained for each resident. Care staff record in the residents' daily progress records but none of those interviewed were aware of the link between the care actually delivered each day and with the agreed objectives in the care plan. In records viewed staff described some aspects of care but in the main the record generally referred to the resident's sleep pattern, activities and mood, the later reported either as "good form" or "bad form." Daily progress records should refer to the actual care delivered, reports should be factual and evidence based. Training on report writing and recording should be provided for the staff team.



## **Day care**

In the main residents attend day care on site accompanied by the staff providing residential care. Residential staff accompany residents to day care and record in residential files the activities undertaken. Residential care and day care should be governed by individualised statements of purpose and have separate identities. It is recommended that the appropriate reports are retained in each service.

## **Care practices**

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be going about their daily routines, going shopping, attending day care or relaxing in different areas throughout the home.

## **Catering arrangements**

On the first day of inspection the cook and a catering assistant were interviewed. Both staff demonstrated a good knowledge of the individual needs of residents in regard to their eating and drinking needs and preferences. Staff were aware of the specific risks to individual residents and copies of risk assessments, dated April 2014, had been laminated and were on display in the kitchen for ease of reference. The cook confirmed that he had a copy of the Nutritional Guidelines for Residential Homes for Adults with Learning Disability. Both staff were aware of the consistency requirements for individual residents who had been assessed as at risk due to swallowing difficulties. One staff member confirmed that she had obtained the Basic Food Hygiene course and hoped to begin the intermediate course. The cook demonstrated a good insight into the individual needs of residents and confirmed that some residents are involved in planning meals. Several residents have shown an interest in learning to cook and the home facilitates this by arranging a weekly session where these residents are supervised by the cook to prepare simple dishes. Inspectors were informed that the cook had attended training organised by Speech and Language Therapy (SALT) Department in the Downshire hospital on the first day of the inspection. The training was on the importance of different textures in food provision.

The cook has a management role in respect of the catering staff in the home and provides induction for new staff. The original induction programme is re-visited annually and updated if necessary. In discussion with the inspectors the cook showed an awareness of the importance of the continual professional development of the catering staff. The training/development files of three catering staff were examined and evidenced that training is provided regularly for example, training was provided on Swallowing Awareness (December 2013), Control of substances hazardous to health (COSHH) (August 2013) Hazard Analysis and Critical Control Point (HACCP) August 2013), Nutritional Guidelines (September 2013). Three staff had completed the Award in Food Safety Level 2 and three staff had completed the Award in Food Safety Level 3. The cook reported that he was currently undertaking an Advanced Diploma in Cooking.

On the day of inspection the kitchen was noted to be clean, tidy and organised. Staff were noted to be wearing the appropriate clothing. During the days of inspection breakfast and lunch were observed. On the first day of inspection in the Clan Suite the inspectors observed that a resident was sleeping at the table, a plate containing toast, a bowl of cereal and a cold drink was in front of the resident, at another occupied table there was a plate with slices of toast and cheese, a further occupied table contained a bowl of cereal and a plate with toast.

A member of staff was supervising the dining room in the Clan suite and reported that one resident had left the table to go to the bathroom and another had returned to the bedroom. This member of staff provided an over-view of the resident's needs that was sleeping. The risk of leaving meals unattended was discussed. Management are requested to review the serving of breakfast, identify risks or potential risks and implement a risk management plan. The care plan of the resident who was sleeping at the table was examined and discussed with the management team. A review of the direct care provided to this resident and associated risks should be undertaken.

The serving of lunch was observed and was noted to be served from heated trolleys. The meals were well presented, with suitable portions and in accordance with individual resident's SALT guidance. SALT table mats were used appropriately and staff were able to give an account of the assessed needs of the residents. In the Slieve Suite staff were observed crouching down to assist a resident with their food. On discussion with three staff in regard to the seating arrangements they all provided different accounts of the seating arrangements. The risks involved in this practice were highlighted. Management are requested to review the seating arrangements and ensure staff adheres to safe practice.

## **Health and Safety**

The health and safety of residents, visitors and staff was promoted and protected. Health and safety policies and procedures along with the relevant risk assessments were in place. Records were maintained of the regular checks of the fire alarm system and fire equipment. There was evidence that staff had opportunities to participate in fire safety and fire prevention training during 2013 and 2014. Fire drills and fire evacuation training had taken place on 21 and 27 November 2013 and on 21 January 2014. Fire action signs and fire exit routes were displayed in various parts of the building. Fire escapes were noted to be free from obstruction. There were magnetic hold open devices on internal doors. Emergency lighting was provided throughout the building. The inspector noted that fire alert equipment, fire extinguishers and the fire alarm were serviced regularly. There was an emergency call bell system available in each bedroom and throughout the home. Staff reported that they carried beepers in the event of emergency. On outings staff were provided with a mobile phone. A record of visitors was maintained to determine the movement of persons in and out of the building.

## **Administration of medication**

The Quality Improvement Plan in the last report identified that a review of the weekend morning medications was required. The inspectors were informed that the acting manager had taken immediate action. Residents GPs had been contacted and agreement sought in regard to the administration of medicines at later times to facilitate residents having a lie in. The pharmacy had altered each Kardex to detail additional times. The inspectors were informed that a statement was in each file in regard to week-end medication. However on inspection this was not evident. It is recommended that the signed agreed formal arrangements made with the G.P

in regard to the administration of medication should be maintained in the care plan and a copy held with the resident's kardex.

## **Complaints**

The home had a complaints procedure in place. The inspectors were informed that an individual record of complaint was maintained in each suite. The complaints record in the Clan Suite indicated there were no complaints recorded since Nov 2012. The inspectors were informed that an analysis of complaints is completed monthly.

## **Infection Control**

The inspectors noted an improvement in the management of infection control throughout the home. Clean and dirty linen was clearly segregated in the laundry room and the area was found to be clean. Staff were noted to use hand sanitizers prior to serving food. Sanitizers tested were found to be in working order. Infection control audits along with hand hygiene audits had been completed. Records examined confirmed infection control issues had been discussed in the staff team meetings. The responsible person had also addressed infection control in the monthly visits.

## **Environment**

The home was observed to be clean, tidy and well organised when inspected. Cleaning staff were noted to carry out their duties safely. Chemicals and equipment were not left unattended and stores were found to be locked. Standards of hygiene were noted to be satisfactory.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Imelda McGrady Acting Manager, and Mrs Collette Mackin Assistant Manager 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:

**Maire Marley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Secondary Unannounced Care Inspection**

**Seeconnell Private Village**

**13 & 14 May 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 Imelda McGrady acting manager and Mrs Collette Mackin assistant manager during 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.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements   | Number Of Times Stated | Details Of Action Taken By Registered Person(S)   | Timescale                  |
|-----|----------------------|--|------------------------|---|----------------------------|
| 1   | 20 (1) (c) (i)       | <p><b><u>Induction</u></b></p> <p>The registered person/acting manager must assure themselves that following induction newly appointed staff are assessed and deemed competent.</p>  | One                    | The Manager ensures that all staff receive a robust induction. The organisations Induction process is carried in line with the NISCC Standards For Induction. New staff are monitored closely and competency audits are carried out. Supervisions are more frequent in the first 6 months of employment.          | No later than 30 June 2014 |
| 2   | 16 (2) (b)           | <p><b><u>Care Plans</u></b></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> | One                    | <p>The manager ensures that the resident care plans are reviewed and appropriate risk assessments are put in place.</p> <p>The manager ensures that the daily routines of residents are recorded.</p> <p>The manager ensures that care staff are provided with opportunities to read the relevant care plans.</p> | No later than 30 June 2014 |

|   |            |  |     |  |                            |
|---|------------|--|-----|--|----------------------------|
| 3 | 14 (2) (c) | <p><b><u>Dining room</u></b></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> | One | <p>The manager reviews the serving of breakfast in the Clan suite on an ongoing basis and adhoc formal audits of all mealtimes are carried out to monitor same. Issues that may require action are resolved and records of the audits are kept. Appropriate risk assessments are in place.</p> <p>Stools were purchased and provided for staff to use whilst assisting residents with food.</p> <p>.</p> | No later than 30 June 2014 |
|---|------------|--|-----|--|----------------------------|

**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   | 19.2                       | <p><b><u>Recruitment</u></b></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>  | One                    | There are 2 appropriate references on file. The responsible person and the manager also spoke directly to the National Director of the candidates previous employer organisation. They are satisfied that there are no outstanding concerns and a record of this conversation is also on file. | No later than 30 June 2014 |
| 2   | 22.4                       | <p><b><u>Daily Progress Records</u></b></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> | One                    | <p>There is a policy in place to ensure that report writing by staff is appropriate. a copy of the this policy has been circulated to all staff.</p> <p>Reporting and recording training programme commenced on the 19<sup>th</sup> June 2014 in ongoing.</p>                                  | No later than 30 June 2014 |
| 3   | 22.2                       | <p><b><u>Records</u></b></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>   | One                    | The manager ensures that the daily notes for the residential care home and the activity service are recorded seperately.   | No later than 30 June 2014 |



|   |             |   |     |   |                            |
|---|-------------|---|-----|---|----------------------------|
| 4 | 24.2 & 24.1 | <p><b><u>Supervision</u></b></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> | One | <p>The manager ensures that new staff receive supervision more frequently.</p> <p>The manager ensures that staff carrying out supervisions receive coaching and mentoring training.</p> <p>The manager ensures that the supervisions are monitored regularly.</p> | No later than 30 June 2014 |
|---|-------------|---|-----|---|----------------------------|

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 and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

|   |                     |
|---|---------------------|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | Mary Imelda McGrady |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | Mary Imelda McGrady |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  | Yes        | M Marley         | 4/7/14      |
| Further information requested from provider                   |            |                  |             |