

# Unannounced Care Inspection Report 31 October 2017



## Seeconnell Private Village

**Type of Service: Residential Care Home**

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

**Tel No: 028 4377 1412**

**Inspector: Ruth Greer**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care



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

## 1.0 What we look for



## 2.0 Profile of service

Seeconnell Private Village is a residential care home registered to provide care for 21 persons whose needs have been assessed within the categories of care cited in the certificate of registration.



### 3.0 Service details

<b>Organisation/Registered Provider:</b> Corriewood Private Clinic Limited  <b>Responsible Individual</b> Marie McGrady	<b>Registered Manager:</b> Paula Murray
<b>Person in charge at the time of inspection:</b> Paula Murray	<b>Date manager registered:</b> 24 April 2015 Acting- No application required
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability	<b>Number of registered places:</b> 21

### 4.0 Inspection summary

An unannounced care inspection took place on 31 October 2017 from 10:00 to 14:10.

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

The inspection assessed progress with any areas for improvement identified 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 empowering residents to be advocates for themselves and in relation to encouraging innovative practice. There was additional evidence of good quality assurance and auditing systems.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Paula Murray, Manager, as part of the inspection process and can be found in the main body of the report.



## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 June 2017.

## 5.0 How we inspect

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 14 residents, seven staff and one visiting professional.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff who were not on duty were invited to share their views electronically. Six staff questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Four residents care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls) and infection prevention and control (IPC).
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 29 June 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 29 June 2017

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 27.1 <b>Stated:</b> First time	The registered person shall confirm to RQIA that the damage to the wall has been made good.  Ref: 6.4.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Damage noted at the last inspection had been made good.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The 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. Review of the staff duty rotas, discussion with the staff and observation of care during the inspection confirmed that there were sufficiently qualified, competent and experienced persons working in the home to meet the needs of the residents accommodated. No concerns were raised regarding staffing levels during discussion with residents and staff. However, an issue was raised in one of the returned questionnaires in relation to the staffing levels at weekends. The issue was shared, by telephone, with the manager who confirmed that staffing levels will be reviewed in line with the current needs of the residents.

A review of the duty rota confirmed that it accurately reflected the staff working within the home.



Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The 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. Samples of completed staff competency and capability assessments were reviewed at the last inspection and found to be satisfactory. These assessments were not reviewed at this inspection.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Recruitment records were reviewed at the last inspection and found to be satisfactory. There have been no new staff recruited since the last inspection and staff personnel files were therefore not examined.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the 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.

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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff most recently on 24 June 2017 and was planned again for 29 November 2017.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records 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.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge 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 including Deprivation of Liberties Safeguards (DoLS).

The manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and an electronic alarm for one identified resident. Discussion with the 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 there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. Staff in the home had devised an assessment template for restrictions which may be in place. Copies of the assessment were included in each individual resident's care file and included reference to human rights and deprivation of liberty. This is commendable.

The manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the 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.

Review of the IPC policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Copies of monthly IPC audits were available for inspection and showed that a robust system was in place to identify any issues which required further action. Inspection of the 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The home was looking particularly well and was decorated for a Halloween party planned for later on the day. Internally there has been redecoration of several areas and new furniture has been purchased.

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 manager confirmed that risk assessments and action plans were in place to reduce risk where possible.



The home had an up to date fire risk assessment in place dated 4 January 2017 and no recommendations had been made as a result.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently in January 2017. The manager advised that a fire drill was scheduled (unknown to staff) for 10 November 2017. Records were 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 (PEEP) in place.

Six completed questionnaires were returned to RQIA from staff. Three respondents described their level of satisfaction with this aspect of care as very satisfied. Two respondents recorded a very unsatisfied/unsatisfied response and one respondent omitted this question.

Comments received from residents and staff included:

- “I like it here, I do.” (resident)
- “I’ve got a new room and it’s bigger and new curtains I picked myself.” (resident)
- “This is a good place to work. There is very little staff turnover because, as a team, we are happy and well supported.” (staff)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.5 Is care effective?

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

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

A review four care records confirmed that these were maintained in line with the legislation and standards. They included an 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 needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.



The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were signed by the resident and/or their representative where possible. Discussion with staff confirmed that a person centred approach underpinned practice. Discussion with residents found that they were confident staff knew everyone's needs and preferences, that staff could communicate with them and that staff knew them as individuals.

Observation of care during the inspection found staff actively responding to residents' behaviour and their non-verbal/verbal communication. Staff actively sought residents' preferences and ensured they were enabled to take part in activities of their choice.

The 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 risk assessments, care plans, care review, accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. For example, on the morning of the inspection a GP had been contacted for advice in respect of one resident who had an injury to his/her finger. The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Six completed questionnaires were returned to RQIA from staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied. One respondent recorded a very unsatisfied response and one respondent did not complete this question.

Comments received from residents and staff included

- "I've got a job in a charity shop every Friday and I enjoy it." (resident)
- "I really like going out with the staff for new clothes." (resident)
- "Staff are helping me with healthy eating and I've lost some weight already." (resident)
- "My review with my social worker is in a couple of weeks I'll tell her about my visits to see my mum." (resident)



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which included, where required, a care plan in place for the management of pain, trigger factors, prescribed medication etc.

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.

The manager and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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. For example, the manager and staff arranged a summer holiday for residents, most of whom had never previously been on holiday. This was a major undertaking and proved to be successful. Photographs of the event were on display in the home. At residents' reviews photographs of that resident on holiday were shared with their family. This is commendable practice. Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. There is a large area of the home designated solely for crafts and activities. A full



time activity manager is employed. Outdoors there are keep fit and play equipment. There are opportunities to work outdoors in the greenhouse, garden and the home keeps two goats, chickens and ducks for residents to help care for. Arrangements were in place for residents to maintain links with their friends, families and wider community. There was a busy, lively atmosphere in the home. Residents were excited about the Halloween party and were having their faces painted and preparing their outfits.

Six completed questionnaires were returned to RQIA from staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied. One respondent recorded a very unsatisfied response and one respondent omitted this question.

Comments received from residents and staff included:

- “I can’t wait until the party; it’s going to be great.” (resident)
- “There’s a D.J. coming and we’ll be dancing and eating party food.” (resident)
- “I am very well today. I like it here and the staff all know me.” (resident)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 with RQIA.

A range of policies and procedures was 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 as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with



complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was 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 and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the 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. For example, training was provided in epilepsy awareness on 3 October 2017 and swallowing awareness on 17 October 2017.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005, most recently on 29 September 2017. A report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example, the assistant manager has recently commenced the QCF level 5 qualification.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home and is in the home on a daily basis.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

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



The manager confirmed that there were effective working relationships with internal and external stakeholders. Discussion with staff found that they feel well supported and valued.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The 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.

Six completed questionnaires were returned to RQIA from staff. Respondents did not record their level satisfaction with this aspect of the service.

Comments received from staff at the inspection included:

- “Paula is a great manager. She sets high standards and treats all staff with respect.”
- “The office door is always open and I wouldn’t hesitate to approach the manager if I had a concern.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews