

**Unannounced Care Inspection
of
Seeconnell Private Village**

5 May 2015

1. Summary of Inspection

An unannounced care inspection took place on 5 May 2015 from 10:30 to 15:50. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with Mrs Mackin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Maria Therese McGrady	Registered Manager: Colette Mackin
Person in Charge of the Home at the Time of Inspection: Colette Mackin	Date Manager Registered: 22 April 2015
Categories of Care: RC-MP, RC-LD	Number of Registered Places: 21
Number of Residents Accommodated on Day of Inspection: 19	Weekly Tariff at Time of Inspection: £ 461- £ 1864

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

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

During the inspection we met with 12 residents, three care staff, the registered manager, and three relatives/representatives.

We inspected the following records:

- Policy on death and dying
- Policy on continence management
- Residents' care files (3)
- Accidents/incidents records
- Complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 2 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 10.6 of report	Continued improvement is required in relation to professional daily recording by staff. This area should be continually audited and monitored by the registered manager.	Met
	Action taken as confirmed during the inspection: Training on professional recording has been provided for staff. Improvement was noted in the care files we examined.	
Recommendation 2 Ref: 11.1 of report	The re assessment and future placement of the resident identified at this inspection should be given priority and RQIA informed of the outcome.	Met
	Action taken as confirmed during the inspection: A re assessment was undertaken of the identified resident and as a result he/she has been transferred to another facility.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed health care needs which prevent this. Residents in Seeconnell are younger people who have complex needs. Risk assessments were in place in the care plans. A generic care plan has been developed by senior staff and will be adapted and implemented in the event that any resident becomes terminally ill.

Staff who spoke with us described their role in caring for residents who have been ill. Staff demonstrated knowledge of how to care for a seriously ill resident and the importance of hydration/diet and pain control. This is especially important for many of the residents who would be unable to verbalise how they are feeling. Staff advised us that they were aware of when to contact the GP and/or nurse and of the importance of keeping families regularly updated on the resident's condition.

Is Care Effective? (Quality of Management)

We inspected the home's policy on death and dying dated April 2015. The policy was robust and gave clear instructions to staff in the events of an expected and an unexpected death of a resident. The policy referenced the input of outside professionals and of which statutory organisation may need to be informed when a death occurs.

We were advised that the bedroom of any deceased resident is locked until the family are able to remove any personal belongings. We noted that training on death and dying has been arranged for staff on 19 May 2015. The trainer is a trained bereavement counsellor.

Is Care Compassionate? (Quality of Care)

The recent death of one resident was shared with residents in small groups and arrangements were made for those who wished to attend the funeral. A bereavement counsellor was employed by the home to provide support to the other residents and the staff. There was a letter of thanks to the home from the resident's next of kin to acknowledge the manner in which the death had been dealt with.

Staff we interviewed had not cared for a dying resident. However, they gave examples of how they had cared for a very ill resident. We were informed that a staff member had accompanied and stayed with the resident while he/she was hospitalised. Staff were aware of the importance of sharing their specific knowledge of the resident (who was unable to express his/her views) with hospital staff. Staff demonstrated a compassionate approach not only to the resident but to his/her parent.

Relatives can be with residents who are very ill either in the bedroom or in a relative's room.

Meals are provided to the relative and tea/coffee facilities are available for them.

Spiritual needs are identified and ministers/priests are welcomed at any time.

Areas for Improvement

There were no areas of improvement identified in relation to this standard.

Number of Requirements	0	Number Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We inspected the care files of those residents who have been assessed as requiring continence management. Each file contained an individualised assessment and a plan of care to manage this need. The care plans showed the input of the district nurse as central in the process.

Is Care Effective? (Quality of Management)

The home has a policy on the management of continence dated 7 April 2013. The policy was comprehensive and set out for staff how to recognise when and why a resident may become incontinent. Two training sessions on the management of continence have been arranged for 13 and 20 May 2015. The trainer is the continence nurse specialist from the Trust.

Each care file contained a “continence monitoring template”. In our discussions with management and staff they were able to identify continence issues and the importance of continued review and evaluation. Staff confirmed that there was unrestricted availability of continence products and of protective gloves/aprons. Staff explained the process of disposal of used continence items in line with infection control guidance.

There was no mal odour in any part of the home.

Is Care Compassionate? (Quality of Care)

The members of staff who spoke with us recognised the potential loss of dignity associated with incontinence. They gave various examples of how they ensure, as far as possible, the resident’s dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet private manner. There is a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion.

Areas for Improvement

There were no areas of improvement identified with this theme of continence management.

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with residents in the home who all expressed/indicated that they were happy with their life in the home. One resident stated that although he was well cared for in Seeconnell he wanted more independence than can be provided in a residential care home. We were informed that the resident’s care manager is working with the resident to access a supported housing placement. Many residents were unable to verbalise their views. Their rapport with staff was noted to be friendly and at ease.

5.5.2 Relatives views

We met three relatives. The relatives were complimentary about the provision of care and the kindness of staff. One relative described the manner in which her son/daughter had been treated during a recent illness. The relative stated that she had been facilitated to remain with her loved one for 48 hours until he/she began to recover. Selections of comments are as follows:

- “They (staff) looked after me as well as X”
- “You wouldn’t get better”
- “I’m always welcome and offered refreshments”

5.5.3 Staffing

On the day of the inspection we found the following staffing levels:

- Manager x 1
- Assistant manager X 2
- Senior support worker X 1
- Support worker X 7
- Activity coordinator X 1
- Domestic X 1
- Catering X 2

This was considered satisfactory for the needs and numbers of residents accommodated on the day.

Staff we interviewed demonstrated knowledge of each resident as an individual. Staff practice was observed and noted to be friendly and professional.

5.5.4 Environment

We inspected the home's internal environment and found it to be clean and fresh smelling. Communal areas are well furnished and, in good decorative order. Residents' bedrooms are individual and have been personalised to the occupant's needs/preferences. We noted that one bed had been fitted with a mattress which did not properly fit the bed frame. This may pose a risk to the resident and a requirement has been made to replace the mattress.

The home has a suite of activity rooms which we found to be bright and inviting.

5.5.5 Fire Safety

We were advised that fire training was up to date and that an unannounced fire drill/evacuation had taken place on 29 April 2015. Fire alarms are checked weekly from a different zone.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Colette Mackin, Registered Manager, 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 27 (2)(c) Stated: First time To be Completed by: 18 May 2015	The bed identified at this inspection should be fitted with an appropriately sized mattress.		
	Response by Registered Person(s) Detailing the Actions Taken: A four ft waterproof mattress has been ordered on the 6 th May and the company have confirmed that it will be delivered week beginning 8 th June 2015.		

Registered Manager Completing QIP	Colette Mackin	Date Completed	05/06/15
Registered Person Approving QIP	Imelda McGrady	Date Approved	05/06/15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	08/06/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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