



The **Regulation** and  
**Quality Improvement**  
Authority

**Seeconnell Private Village**  
**RQIA ID: 11115**  
**119 Clonvaraghan Road**  
**Castlewellan**  
**BT31 9LA**

**Inspector: Ruth Greer**  
**Inspection ID: IN022249**

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**Unannounced Care Inspection  
of  
Seeconnell Private Village**

**10 November 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 10 November 2015. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard inspected was assessed as being fully met.

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

### 1.1 Actions/enforcement taken following the last inspection

One requirement was made as a result of the previous inspection in May 2015

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Maria Therese McGrady	<b>Registered Manager:</b> Colette Mackin
<b>Person in Charge of the Home at the Time of Inspection:</b> Paula Murray	<b>Date Manager Registered:</b> 22 April 2015
<b>Categories of Care:</b> RC-MP, RC-LD	<b>Number of Registered Places:</b> 21
<b>Number of Residents Accommodated on Day of Inspection:</b> 21	<b>Weekly Tariff at Time of Inspection:</b> £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 had been met:

**Standard 1**                    **Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.**

#### 4. Methods/processes

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

During the inspection the inspector met with ten residents, six care staff and the registered provider.

The following records were examined during the inspection:

Five care files  
 Minutes of residents' meetings  
 Satisfaction questionnaires  
 Minutes of reviews  
 Internal quality assurance documentation  
 Statement of purpose

#### 5. The inspection

##### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced estates inspection dated 14 November 2014. The completed QIP was returned and approved by the estates inspector. The quality improvement plan from that inspection was returned and accepted by the estates inspector, Keiran Monaghan.

##### 5.2 Review of requirements and recommendations from the last care inspection dated ?

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)(c)  <b>Stated:</b> First time  <b>To be Completed by:</b> 18 May 2015	The bed identified at this inspection should be fitted with an appropriately sized mattress.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the mattress had been replaced.	

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

The care files we examined contained notes of annual care management reviews. The review meetings provide a forum for residents and their families to express their views about the care they receive in the home to their community named worker. The review minutes had been signed by the residents, where possible, and the relative. Many residents in Seeconnell have multiple and complex needs. There was evidence in the care records that community workers visit very regularly. The Trust Behavioural Management team are closely involved with several residents. Evidence of their involvement and guidance was recorded in the care files. There were various systems in place in relation to individual residents' safety. These included staffing levels within the home, for example one resident had a designated member of staff delegated to his/her full time care. Staff training included areas relating to the specific needs of residents. Several staff were on a training course, on the day of the inspection, in relation to Dysphasia. The manager has recently become accredited as a trainer in Safeguarding Vulnerable Adults. This enables her to provide training for staff in the home.

#### Is care effective? (Quality of management)

The home's annual quality review report in respect of regulation 17 (The Residential Care Homes Regulations (NI) 2005) was forwarded to RQIA in June 2015. The report was examined and found to be comprehensive and set out the quality assurances measures in place by the home's management. A relatives' satisfaction questionnaire was distributed in August 2015. An examination of the returned questionnaires showed that, in the main, relatives are happy with the care their family members receive in the home. One questionnaire raised some areas of concern which had been dealt with by the manager. Residents' meetings are on going in the home. The most recent meeting took place on 30 October 2015. Minutes were available for inspection. The home operates a key worker system in that every resident has an identified staff member to oversee care and act as advocate. In addition one resident (at his/her request) has a daily prearranged "slot" to speak with the manager in private. The home arranges social parties four times per year to which all families are invited. We were informed that these are successful evenings and enjoyed by all. The statement of purpose underpins and sets out the home's ethos and model of care in regard to the values of dignity, privacy and rights.

#### Is care compassionate? (Quality of care)

Staff with whom we spoke stated that they felt prepared and trained to deliver care in a compassionate manner. Staff were able to articulate and gave examples of the values that underpin the delivery of care. Staff were aware of the impact of complex disability on the residents in their care. We were informed that residents are accompanied regularly to undertake pursuits outside the home. For example, shopping and cinema trips. The practice observed on the day was respectful and caring.

#### Areas for improvement

There were no areas of improvement noted and the standard inspected was assessed as met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **5.4 Additional areas examined**

### **5.4.1 Residents**

We spoke with several of the residents some of whom were unable to verbally express their views and opinions. Residents were observed as they relaxed in the main areas of the home and as they undertook day care provision in the rooms designated for this use within the home. Residents were at ease and were familiar with their surroundings and with staff. Residents who were able to verbally express their opinions confirmed that they are happy in the home and are well cared for.

### **5.4.2 Relatives**

There were no relatives in the home at the time of the inspection.

### **5.4.3 Staff**

On the day the following staff were on duty:

Manager x 1  
Assistant manager x 1  
Day care manager x 1  
Support workers x 10  
Domestic x 1  
Catering x 1  
Administrative x 1  
Maintenance x 1

The manager confirmed that these staffing levels were sufficient to meet the needs and numbers of the persons accommodated.

### **5.4.4 Environment**

The home was found to be clean ,warm and bright. There had been some internal redecoration since the last inspection and the result looks well. There are several lounges and communal areas with a variety of seating arrangements to suit individual residents. Residents have personalised their bedrooms. There were no hazards noted on our inspection of the home.

### **5.4.5 Complaints**

Our review of the complaints record showed that all complaints are taken seriously and dealt with appropriately.

### **5.4.6 Accidents/incidents**

Accidents and incidents are recorded,reported and dealt with appropriately.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>P. Swaney</i>	Date Completed	18.12.15
Registered Person	<i>M. J. McGrady</i>	Date Approved	18.12.15
RQIA Inspector Assessing Response	<i>Ruth Greer</i>	Date Approved	22.12.15

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**