



Unannounced Care Inspection Report

8 March 2021



Seymour Gardens

Type of Service: Residential Care Home
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND
Tel No: 028 7134 4470
Inspector: John McAuley

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 25 residents.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Michelle McMackin – acting no application required
Person in charge at the time of inspection: Michelle McMackin	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Number of residents accommodated in the residential home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 8 March 2021 from 10.00 to 14.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding arrangements
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

Feedback from residents during this inspection was positive and complimentary about their experiences of life in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle McMackin, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with all the residents in the home and six staff.

The following records were examined during the inspection:

- duty rota
- professional registration records
- fire safety risk assessment
- fire safety records
- three residents' care records
- Regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- staff training records
- incident and accident records.

The areas of improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met or met.

The findings of the inspection were provided to Michelle McMackin, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 27 August 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: Second time	The registered person shall put in place a programme to decorate the corridors and lounges of the home to an acceptable standard and in keeping with a dementia friendly environment.	Met
	Action taken as confirmed during the inspection: A programme of redecoration of the environment had been put in place.	
Area for improvement 2 Ref: Regulation 14(4) Stated: First time	The registered person shall ensure all staff are in receipt of up-to-date training in safeguarding residents from harm.	Not met
	Action taken as confirmed during the inspection: Arrangements for staff to receive up-to-date training in safeguarding were reported by the manager to being put in place. However staff presently were not in receipt of up-to-date training in this. This area of improvement is stated for a second time.	
Area for improvement 3 Ref: Regulation 27(2)(b) Stated: First time	The registered person shall make good any uneven surfaces in the corridor floors.	Met
	Action taken as confirmed during the inspection: These surfaces have all been made good.	

Area for improvement 4 Ref: Regulation 27(4)(e) and (f) Stated: First time	The registered person shall ensure all staff are in receipt of up-to-date training in fire safety and fire safety drills. Action taken as confirmed during the inspection: Inspection of fire safety records confirmed that fire safety training and safety drills were in place on an up-to-date basis.	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the one outstanding recommendation on the fire safety risk assessment dated December 2019, will be addressed. Action taken as confirmed during the inspection: This action plan has been submitted.	Met

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected the details of all staff working in the home. The manager reported that any member of staff who is in charge of the home in her absence has been assessed as competent and capable of doing so.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager is registered with the Nursing & Midwifery Council (NMC). The manager also audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support.

6.2.2 Safeguarding

The manager demonstrated a good knowledge of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would assist and co-operate in any subsequent investigations. Staff also declared their knowledge and understanding of the whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was not maintained in an up-to-date basis. The manager reported that arrangements were being put in place to address this deficit. This area of improvement is stated for a second time. Only six staff had received Deprivation of Liberty (DoLs) level 2 training which has been identified as an area of improvement to address.

6.2.3 The home's environment

The home had recently had an extensive redecoration programme put in place, with new flooring and paintwork to corridors and lounges. This is to be commended. All areas were found to be clean and tidy with a good programme of cleaning and housekeeping in place.

Residents' bedrooms were comfortable, nicely furnished and personalised.

Bathrooms and toilets were clean and hygienic.

An issue was identified with the temperature in area of the home not being at a comfortable level. This was reported to the manager who immediately reported this to the estates department who rectified this. However there were no wall thermometers in any of the bedrooms or lounges to ascertain temperatures, which have been identified as an area of improvement to put in place.

The grounds of the home were well maintained.

6.2.4 Infection Prevention and Control (IPC)

Protocols were in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand sanitiser at the entrance of the home and was accessible throughout areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

6.2.5 Care delivery

Residents were comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, warm, friendly and supportive.

Staff sought consent with residents with personal care tasks in statements such as "Would you like to..." or "How about ..."

In accordance with their capabilities, residents stated that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “I like it here very much. Everybody’s very nice. I can’t find anything wrong.”
- “The staff are all just lovely. I like all of them.”
- “This is a great place. I feel very safe here.”
- “All’s great here. I have no worries at all.”
- “Good food and good company.”
- “I want to praise all the staff for their kindness.”

The lunch time meal was nicely presented and looked appetising with good availability of choice.

6.2.6 Care records

A sample of three residents’ care records were inspected on this occasion. These records were maintained in detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and had evidence of the resident’s representative being involved in this process, including input from aligned healthcare professionals.

Progress records were well written with detail, including care / treatment given in response to issues of assessed need and the effects of same.

6.2.7 Fire safety

The home’s most recent fire safety risk assessment was dated 4 December 2020. Corresponding evidence was recorded to confirm that the six recommendations from this assessment had been addressed.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

6.2.8 Governance and management

The home has a defined management structure.

The last two months’ (28 January 2021 and 10 February 2021) monitoring reports were inspected. These reports were well written with evidence of good managerial oversight of the home.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Staff training records were well maintained and contained evidence that staff mandatory training and additional training was being maintained on an up-to-date basis, other than safeguarding and Deprivation of Liberty training. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 27 August 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Quality assurance audits were available in relation to the professional registrations of staff, IPC and care records.

Areas of good practice

Areas of good practices were found in relation to staffing, improvements to the environment, feedback from residents and staff and managerial support.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to staff training and installation of wall thermometers.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents were seen to be well cared for with time and attention afforded to individual needs and care. The atmosphere in the home was relaxed and care duties and tasks were well organised.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle McMackin, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14(4) Stated: Second time To be completed by: 8 April 2021	<p>The registered person shall ensure all staff are in receipt of up-to-date training in safeguarding residents from harm and Deprivation of Liberty (DoLs) level 2 training.</p> <p>Ref: 6.1 and 6.2.2</p> <p>Response by registered person detailing the actions taken: All staff have completed Deprivation of Liberty training and have been issued certificates. Safeguarding training is currently ongoing as E-Learning system was unavailable to staff for two months and is currently only up and running. Manager will ensure that all staff will complete the two hour video and the two hour e-learning module on safeguarding. All staff have read, signed and understood the Trust's adult safeguarding policy and the whistleblowing policy.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard N13 Stated: First time To be completed by: 8 April 2021	<p>The registered person shall ensure there are adequate provisions of wall thermometers in place in residents' bedrooms and lounges to ensure optimum temperatures in the home.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Ten thermometers have been ordered and have been erected by Estate Services in residents bedrooms and lounge areas for staff to monitor temperature within the home.</p>

Please ensure this document is completed in full and returned via Web Portal



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