

# Inspection Report

19 October 2023



## Seymour Gardens

**Type of service: Residential (RC)**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Western HSC Trust	<b>Registered Manager:</b> Janette Lynch - acting
<b>Responsible Individual:</b> Mr Neil Guckian	
<b>Person in charge at the time of inspection:</b> Janette Lynch	<b>Number of registered places:</b> 25
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 20
<b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Home which provides health and social care for up to 25 residents, registered for dementia residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 19 October 2023, from 10.10 am to 4.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, neat, tidy and well maintained.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff told us they enjoyed working in the home and that the manager was available for advice and guidance.

Visitors to the home provided positive feedback about the care provided in the home and the support offered from staff.

It was evident that staff promoted the dignity and well-being of residents through their interactions and support offered. It was also established that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified relating to; pre-employment checks, staff's registration with the Northern Ireland Social Care Council (NISCC), pre-employment checks, care records, recording of falls, fire safety, monthly monitoring reports, training compliance, activities and notifying RQIA.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents who were able to make their wishes known provided positive feedback regarding their experiences in the care home. One resident said, "I love it in here" and another told us, "what more could you want."

Staff told us they enjoyed working in the home, one staff member described it as “one big family.” Staff said, there is good team work across the home and that the manager was approachable.

No questionnaires were received from residents or relatives within the timeframe following the inspection. No staff surveys were returned within the timeframe.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 28 February 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that medicine related care plans include the necessary detail and are monitored on an ongoing basis.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that systems are in place to follow up changes in medicine information and ensure administration is as prescribed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	The registered person shall ensure that a system is in place to ensure all staff are aware of the most recent DOLS status of each resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs and are regularly reviewed. This is made in regards to DOL safeguards.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of improvement in some of the care plans reviewed relating to Deprivation of Liberty safeguards, however others lacked detail regarding these safeguards. This area for improvement has been partially met and is stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment, the manager told us staff are recruited centrally through the Business Service Organisation (BSO) for the Western Health and Social Care Trust (WHSCT). A discussion took place with the manager to ensure managerial oversight of the pre-employment checks are completed prior to staff commencing post in the home, assurances were provided a checklist has been developed and is in place. An area for improvement was identified.

The manager has a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). This did not include the names of all staff working in the home and was not always clear in identifying if a staff member had renewed their registration. Assurances were provided that all staff who are required to be registered with NISCC were compliant with this. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. However, staff compliance with the identified mandatory training was low. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role. Staff comments regarding staffing levels were shared with the manager. The manager provided assurances that contingency arrangements are in place to ensure there are adequate staffing levels on duty to meet the needs of residents, this was evident during the inspection.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said staff were attentive to their needs and further told us they were approachable and always available if required. One resident told us, “all staff are very good, staff are always available.”

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. This was evidenced in a staff member’s interaction with a resident regarding their preference were to take their tea and snack.

Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences. It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents’ needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents’ nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents’ weights were checked at least monthly to monitor weight loss or gain.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. However, care records were not always reflective of the care delivered to residents with gaps in daily recordings evident. This was discussed with the manager and an area for improvement was identified. Furthermore, where a resident was at risk of falling, measures were put in place for post falls monitoring, however there was not always evidence of care plans, risk assessments and post falls documentation having been updated following each fall. A discussion took place with the manager and an area for improvement was identified.

Care plans were well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs. Residents, where possible, were involved in planning their own care

and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The home was suitably furnished for the registered category of care. Corridors were clutter free and walkways were free from obstruction. Communal areas were bright and welcoming, with adequate seating to allow for residents to sit comfortably and socialise with one another.

There was evidence of two doors having been propped and wedged open. These were removed immediately by staff. A discussion took place with the manager and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Toiletries were stored safely and securely in locked cabinets in each individual resident's room.

There was evidence throughout the home of 'homely' touches such as flowers and newspapers, snacks and drinks were made available to residents at appropriate intervals throughout the day.

The Fire Risk Assessment was completed on 2 March 2023 by a fire risk assessor. The actions outlined as part of the Fire Risk Assessment had been taken in the recommended timeframes. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Staff were observed completing enhanced cleaning throughout the inspection.

Visiting arrangements were managed in line with Department of Health (DoH) and Infection Prevention and Control (IPC) guidance.

#### 5.2.4 Quality of Life for Residents

Residents were well presented, clean, neat and tidy and personal care was of a good standard. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. There was limited evidence of planned activities taking place for residents in the home. The staff told us, the needs of the residents are very important to them and they will always ensure residents have access to other forms of stimulation in the event planned activities cannot be facilitated. A discussion took place with the manager and an area for improvement was identified.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

#### 5.2.5 Management and Governance Arrangements

Mrs Janette Lynch has been the acting manager in this home since 16 May 2023 and recruitment is currently ongoing for a permanent manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Gavin Hamilton, acting head of service was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding the reporting of potential safeguarding issues and told us they were confident in the reporting processes. There was evidence of onward referrals to the appropriate Trust and other relevant bodies, however RQIA were not always notified. This was discussed with the manager and an area for improvement was identified. Other accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Person in Charge would manage this appropriately.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described her as approachable and always available for guidance.

The home is required to be visited each month by the registered provider or a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were not always available for review by residents, their representatives, the Trust and RQIA. This was discussed with the manager. An area for improvement was identified.



## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	6*

\* the total number of areas for improvement includes one standard that has been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Janette Lynch, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 November 2023	<p>The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed, and be made available for inspection.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Trust HR Department complete all pre-employment checks prior to commencement of any post. HR forward a Certificate of Employment Eligibility (CEE) to the recruiting manager for the person's staff file. Full details are retained by HR in line with GDPR legislation.            The CEE will be available for RQIA on inspection.            The new permanent manager, Jackie McEilhinney, is completing a retrospective audit of all staff files to ensure that all relevant staff have the CEE on file, HR will be requested to provide any that are missing.            A blank CEE will be forwarded to the Inspector for information purposes.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2023</p>	<p>The registered person shall ensure systems in place to monitor staff's compliance with NISCC registration are robust in identifying those staff who require renewal and is inclusive of all staff members.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (k)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring of the register is part of the managers audits. Staff to provide copy of their certificate when they pay annual fee and renew their registration. The monthly Provider Visit will also complete a check on registration status,</p> <p>The registered person shall ensure a contemporaneous record is kept of the care delivered to each individual resident, with particular reference but not limited to:</p> <ul style="list-style-type: none"> <li>• Nail care</li> <li>• Oral hygiene</li> <li>• Personal care</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Daily reports are in place to record residents care provided through out each day. Staff have been advised to be more detailed in terms of the specific care that has been carried out in line with the individual care needs of each resident. This has also been reinforced at handover and to be discussed further at team meeting 13<sup>th</sup> December 2023. Manager will review and take any further action as appropriate, such as additional training regarding recording keeping.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2023</p>	<p>The registered person shall ensure that post falls protocol is implemented appropriately to include the recording of observations, risk assessments and care plans.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All Senior Care staff are aware of Falls protocol, this was further discussed at a senior CA team meeting with on 16<sup>th</sup> November. The new Home permanent manager will continue to review the application of the falls protocol by Care Staff and take any further action as appropriate such as supporting individual staff with the process. Monitoring of the falls protocol will also be monitored at the monthly Provider Visits.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (i) and (v)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure the practice of wedging or propping fire doors is ceased immediately.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The practice of wedging or propping fire doors has ceased within the home. All staff are aware that fire doors are to be kept closed, staff were reminded of the importance of not propping doors open. Additional signage in place to remind staff not to wedge door open. New permanent manager will monitor and review this on an ongoing basis and take any action as appropriate.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29 (5) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2023</p>	<p>The registered person shall ensure that a copy of the monthly monitoring report is maintained in the home and made available for inspection.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly Monitoring report file is located in the managers office and will be available on site for future visit, forwarded from person completing provider visit.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of last inspection</p>	<p>The registered person shall ensure that medicine related care plans include the necessary detail and are monitored on an ongoing basis.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of last inspection</p>	<p>The registered person shall ensure that systems are in place to follow up changes in medicine information and ensure administration is as prescribed.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 18 December 2023</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs and are regularly reviewed. This is made in regards to DOL safeguards.</p> <p>Ref: 5.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The manager will ensure all residents care plans are reviewed in conjunction with the DOLS care plan received with DOLS documentation. Individual care plans will also be update to incorporate the rational for these outcomes as appropriate.</p> <p>The registered person shall ensure that staff are up to date with their mandatory training requirements relevant to their role.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Mandatory training has been reviewed and outstanding courses identified for completion with individual staff. Manager will ensure Matrix is updated on an ongoing basis, this will be audited monthly and also reviewed as part of the monthly provider visit.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2023</p>	<p>The registered person shall ensure that the home provides a structured programme of activities and that a record is maintained of all activities that take place.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Structured activities are organised on a weekly basis and information is provided on the notice board for residents to see, activities will also be communicated verbally to residents and encouraged to engage at the time. Manager will ensure a record of activities is kept for residents.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 16.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that RQIA are notified regarding all incidents relating to Adult Safeguarding.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Adult safeguarding procedures were discussed at team meetings to review awareness of same. Senior Care staff aware that a form 1a is required to be completed for all Adult Protection concerns. Matrix to identify incident reporting for RQIA printed off and located in folder for staff reference.</p>

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



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