

# Unannounced Care Inspection Report 5 July 2018



## 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](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

This is a residential care home with twenty five beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Michelle McMackin
<b>Person in charge at the time of inspection:</b> Janette Lynch senior care assistant then joined by manager at 13.00	<b>Date manager registered:</b> Awaiting registration
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced care inspection took place on 5 July 2018 from 10.00 to 13.50.

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 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 adult safeguarding, falls prevention, risk management and management of complaints and incidents. Good practice was also found in relation to communication between residents and staff and other relevant stakeholders, governance, quality improvement and maintaining good working relationships.

Two areas for improvement were identified in respect of aspects of residents' care documentation.

Feedback from residents in accordance with their capabilities was all positive in regard to their 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 resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

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.

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

No further actions were required to be taken following the most recent inspection on 12 December 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with twenty residents, six staff of various grades and the manager.

A total of ten questionnaires were provided for distribution to residents' representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Three questionnaires were returned by residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessment
- Staff training schedule and training records
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements

- Input from independent advocacy services
- Programme of activities
- Policies and procedures

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 12 April 2018

The most recent inspection of the home was an unannounced medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 12 December 2017

There were no areas for improvements made as a result of the last care inspection.

## 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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary or agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents, staff and one visiting relative. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of a completed induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff were in place. Schedules and records of training, supervision and appraisals were inspected during the inspection.

Discussion with 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. A staff competency and capability assessment was inspected and found to be satisfactory.

The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the Western Health and Social Care Trust's personnel department.

The manager advised that AccessNI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had also an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse, these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The manager also completes a pre-admission assessment with the potential resident so as to ensure the home can meet any assessed needs. This pre-admission assessment was discussed and confirmed good evidence of the manager's governance with this aspect of care.

The policy and procedure on restrictive practice/behaviours which challenge 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 advised that the only restrictive practice within the home was the use of a keypad. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. This restrictive practice was described in the Statement of Purpose and Residents' Guide.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The manager reported that the one outbreak of infection within the last year was managed in accordance with the home's policy and procedures and reported to the Public Health Agency, the Trust and RQIA.

A general inspection of the home was undertaken. The home was clean and tidy. Plans were reported to being put in place for redecoration of the home and in keeping with a dementia friendly environment. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. Communal areas were comfortable and nicely furnished.

The grounds of the home were reported to being included in the planned upgrade of the home.

Inspection of the internal environment identified that the home was 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. No malodours were detected in the home.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The manager was asked to submit details to RQIA of when the last Legionella risk assessment was completed and confirmation of what actions were taken in response to any recommendations made from this assessment, if applicable.

The manager reported that there were no moving and handling equipment used in the home.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated August 2017. No recommendations were made from this assessment.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the 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 on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Three completed questionnaires were returned to RQIA from residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to adult safeguarding, falls prevention and risk management.

**Areas for improvement**

No areas for improvement were identified in respect of this domain 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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of four residents’ care records was undertaken. This confirmed that these were largely 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 (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Improvement was identified in accordance with legislation with two care records in that they did not contain a recent photograph of the resident or a list of property or belongings. These have been identified as areas of improvement in accordance with legislation.

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 inspected were observed to be signed by the resident's representative.

Care records were legible, accurate, up-to-date and signed and dated by the person making the entry.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff could readily identify residents' needs and preferences and how these were facilitated.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to regularly record residents' weights and any significant changes in weight are responded to appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in an unhurried, organised manner with a nice ambience in place for residents to enjoy their meal.

Staff advised that they were able to recognise and respond to pressure area damage. It was reported that there are no residents in the home with pressure area damage.

The manager advised 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, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager advised 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.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection 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.

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff and other relevant stakeholders.

### Areas for improvement

Two areas for improvement were identified in respect of aspects of residents' care documentation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised 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.

The manager and residents advised that consent was sought in relation to care and treatment. For example, written consent was obtained for any photographs used for care record identification and social activities.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. This included sensitivity in ensuring handover information was done discreetly and knocking and requesting of entry to residents' bedrooms.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate.

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. An example of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, care review meetings and day to day contact with management.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A programme of planned activity was in place. The inspector met with the senior care assistant who also had a role in co-ordinating activities. She spoke with enthusiasm about her role and how this was time managed to meet residents, needs. At the time of this inspection, a group of residents were going out on a planned bus trip whilst others were enjoying the company of one another or watching television, or resting. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with twenty residents in the home at the time of this inspection. In accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "I love it here."
- "They are all very good."
- "I couldn't complain about a thing."
- "I am very happy here."
- "Always good food and plenty of it."

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

### **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 in respect of this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 and stated that 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with the manager confirmed she was knowledgeable about how to respond to complaints.

Inspection 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 learning from complaints with staff.

RQIA's complaint poster was available and displayed in the home.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these 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. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

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.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The reports of 17 April, 10 May and 13 June 2018 were inspected. These reports

contained good evidence of governance and quality improvement. The reports also had an action plan developed to address any issues identified which include timescales and person responsible for completing the action.

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. Discussion with the manager identified that she had understanding of her role and responsibilities under the legislation.

The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

### **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 in respect of this domain during the inspection.

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

## **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 care 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.

<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 19 (1) (a) Schedule 3 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 12 July 2018	<p>The registered person shall ensure a recent photograph of the resident is maintained in the care records.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            This has recently been discussed with staff at a care staff meeting. All temporary and permanent residents have photographs in place. All senior staff will ensure that any respite admissions will have a photograph in place which will be taken on admission and used for future admissions to the home.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> First time  <b>To be completed by:</b> 12 July 2108	<p>The registered person shall ensure an inventory of property / belongings of the resident on admission is put in place and thereafter maintained.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            All senior staff including care staff have been updated on this element of the quality improvement plan through senior care staff and care staff meetings. OIC will continue to ensure that the recording of property is being done accurately.</p>

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



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