

Unannounced Care Inspection Report 9 June 2016



Seymour Gardens

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Seymour Gardens took place on 9 June 2016 from 11:00 to 15:00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance and submitting an action plan in response to the recommendations made at the most recent fire safety risk assessment.

Is care effective?

There were no areas for improvement identified.

Is care compassionate?

There were no areas for improvement identified.

Is the service well led?

There were two areas of improvement identified with this domain. These were in relation to the revising and updating the policy and procedure on accidents and incidents in line with current guidance and ensuring the availability of monitoring visit reports.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Sonia McDermott the acting registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not from the findings of this inspection.

1.2 Actions/ enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Elaine Way CBE	Registered manager: Sonia McDermott (Acting)
Person in charge of the home at the time of inspection: Sonia McDermott	Date manager registered: Acting capacity since February 2016
Categories of care: DE - Dementia	Number of registered places: 26
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 20

3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 15 residents, two visiting relatives, four staff members of various grades and the acting registered manager.

The following records were inspected during the inspection:

- Statement of purpose
- Safeguarding policy and procedure
- Accident and falls reporting policy and procedure
- Accident and incident notifications
- Induction records
- Staff training records
- Complaints and compliments records
- A sample of three residents' care records
- Quality assurance audits
- Monitoring reports
- Fire safety records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 October 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 8 October 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.4 Stated: Second time To be completed by: 12 January 2016	All staff should be provided with training in the care of death and dying.	Met
	Action taken as confirmed during the inspection: Staff have had received training in this area of care.	
Recommendation 2 Ref: Standard 23.4 Stated: Second time To be completed by: 12 January 2016	All staff should be provided with training in continence management.	Met
	Action taken as confirmed during the inspection: Staff have had received training in this area of care.	
Recommendation 3 Ref: Standard 23.7 Stated: First time To be completed by: 12 January 2016	The frequency of dementia should be reviewed accordingly in the home's written training and development plan.	Met
	Action taken as confirmed during the inspection: The frequency of this training has been reviewed with a number of staff having received update training in dementia.	
Recommendation 4 Ref: Standard 25.6 Stated: First time To be completed by: 15 October 2015	The format of recording the duty rota should include the grades of staff worked.	Met
	Action taken as confirmed during the inspection: The format of recording the duty rota has been reviewed accordingly.	

4.3 Is care safe?

The acting registered manager confirmed the staffing levels for the home. It was also confirmed that these were subject to regular review to ensure the assessed needs of the residents were met. Discreet observations of care practices during this inspection, found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty;

- Acting registered manager
- 1 x senior care assistant
- 3 x care assistants
- 3 x domestics
- 1 x cook
- 1 x catering assistant
- 1 x administrator

Discussion with the acting registered manager and staff evidenced that an induction programme was in place for all staff. These were relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule record of planned supervision and appraisals with staff was in place.

The acting registered manager 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.

The acting registered manager reported that there has been no new staff recruited to the home as there is a very low turnover of staff. However recruitment of bank staff is underway. Discussions with the acting registered manager confirmed knowledge and understanding of the recruitment and selection process and the legislation with this.

Staff recruitment records are held centrally at the Trust's human resource department. The acting registered manager confirmed that the human resources department send her a confirmation checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Details of Enhanced Access NI disclosures are sent from the human resource department for review by the acting registered manager.

An adult safeguarding policy and procedure was in place. This policy and procedure included the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) but did not go on to establish a safeguarding champion in the home. A recommendation has been made in this regard.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. Written records of these were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges, dining room and bathrooms. The home was clean and tidy. Discussions with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, soap dispensers, alcohol hand rubs and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

The home is a locked door facility as detailed in its statement of purpose. This provision was done in a discreet, non-obtrusive manner. The enclosed garden courtyard was accessible and open for residents to enjoy during this inspection.

There were observed to be no other obvious restrictive care practices in place at the time of this inspection.

Inspection of three residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

Inspection of the internal and external environment identified that the home and grounds were kept tidy and safe for residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home's fire risk assessment was in 20 October 2015. There were five recommendations made from this assessment. A recommendation was made for an action plan with timescales to be submitted to the home's aligned estates inspector detailing how these recommendations will be dealt with. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated and any learning outcomes.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas for improvement

There were two areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance and submitting an action plan in response to the recommendations made at the most recent fire safety risk assessment.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the acting registered manager and senior care assistant established that the home responded appropriately to and met the assessed needs of the residents.

A review of three residents' care records confirmed that these were 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. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

The acting registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

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

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

The acting registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. A poster was displayed of this in the home.

Areas for improvement

There were no areas for improvement identified.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Discussions with the acting registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “I love it here”
- “They are all very good here”
- “No problems. This place is lovely”
- “Things are marvellous here”

Residents looked comfortable, content and at ease in their environment and interactions with staff.

Discussions with two visiting relatives at the time of this inspection was both positive about the provision of care and the kindness and support received from staff. Both relatives declared that they felt confident about the delivery of care and were in gratitude for same.

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with residents and observations confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff / residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Such interactions were observed from all grades of staff. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. There was good provision of date and time memoirs in place to assist residents’ orientation needs.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff. This was also observed in practice with the prompt response to call alarms.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

There were no areas for improvement identified.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The acting registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff.

A review of the accident/incident records found these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A monthly analysis of accidents was in place but these were like a tally of occurrences and did not record a detailed analysis. A recommendation was made to put in place the current guidance and to include audits included in the Falls Prevention Toolkit as issued by the Public Health Agency which will increase analysis of such events.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Discussion with the acting registered 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 monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The report of March 2016 was inspected. This was recorded in good detail with evidence of governance arrangements. However the reports of April and May 2016 visits were not available for inspection. A recommendation was made for this to be made available.

There was a clear organisational structure in line with the Western Health and Social Care Trust directorate. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the acting registered manager identified that she had understanding of her role and responsibilities under the legislation. The acting registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed in a conspicuous location.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

There were two areas of improvement identified with this domain. These were in relation to the revising and updating the policy and procedure on accidents and incidents in line with current guidance and ensuring the availability of monitoring visit reports.

Number of requirements:	0	Number of recommendations:	2
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sonia McDermott the acting 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 establishment. 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 establishment.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2016</p>	<p>The registered person should revise and update the adult safeguarding policy and procedure in line with current guidance. In review of this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home.</p> <p>Response by registered person detailing the actions taken: The registered Manager is liaising with Adult Safeguarding Team in the Western Trust in regards to revising and updating the Adult Safeguarding policy and procedure in line with current Guidance. The Registered Person is consulting with her line manager and other residential managers in respect to establishing a safeguarding champion in the Home.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2016</p>	<p>The registered person should revise and update the policy and procedure on accidents / incidents in line with current guidance and to include audits included in the Falls Prevention Toolkit as issued by the Public Health Agency.</p> <p>Response by registered person detailing the actions taken: The registered manager has contacted Public Health Agency and obtained the Falls Prevention Toolkit. The registered manager will consult with her line manager and residential managers in relation to revising and updating policy and procedure on accidents/incidents in line with the current guidance to include audits within the Fall prevention Toolkit.</p>
<p>Recommendation 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2016</p>	<p>The registered person should submit an action plan with timescales to the home's aligned estates inspector detailing how the five recommendations made on the fire safety risk assessment dated 20 October 2015 will be dealt with.</p> <p>Response by registered person detailing the actions taken: The registered person is in process of compiling an action plan which details how the five recommendations made within fire risk assessment will be dealt with, to include timescales. This will be forwarded to the homes estate's inspector.</p>

<p>Recommendation 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2016</p>	<p>The registered person should ensure that reports of monthly monitoring visits are made available on an up to date basis.</p> <p>Response by registered person detailing the actions taken: The provider visits had been completed and written, however had not been available to the registered Person. These reports are now available within the home. The registered person will ensure monthly monitoring reports are received on an up to date basis.</p>
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