



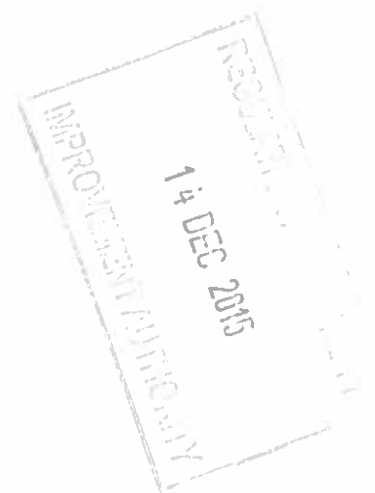
The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Seymour Gardens
08 October 2015**



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

1. Summary of inspection

An unannounced care inspection took place on 08 October 2015 from 11am to 2pm. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/ enforcement taken following the last inspection

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

1.2 Actions/ enforcement resulting from this inspection

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

1.3 Inspection outcome

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

The details of the QIP within this report were discussed with the Jacqueline McCafferty the Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/ Registered Person: Western Health and Social Care Trust	Registered Manager: Jacqueline McCafferty
Person in charge of the home at the time of inspection: Jacqueline McCafferty	Date manager registered: August 2015 Registration pending
Categories of care: RC- DE	Number of registered places: 26
Number of residents accommodated on day of inspection: 25 plus 1 resident in hospital	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

4. Methods/ processes

Specific methods/ processes used in this inspection include the following:

Prior to inspection the following records were analysed: the previous inspection report and quality improvement plan and accident and incident notifications.

During the inspection the inspector met with residents, five members of staff and the newly appointed manager.

The following records were examined during the inspection: duty rotas, three residents' care records, accident and incident records and fire safety records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 12 May 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last Care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Regulation 23.4	All staff should be provided with training in the care of death and dying.	Not met
	Action taken as confirmed during the inspection: Training in this area of care had yet to be issued to staff.	
Recommendation 2 Ref: Standard 23.4	All staff should be provided with training in continence management.	Not met
	Action taken as confirmed during the inspection: Training in this area of care had yet to be issued to staff.	

5.3 Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

Is care safe? (Quality of life)

Staffing levels at the time of this unannounced inspection consisted of:

- The registered manager
- 1 x senior care assistant
- 3 x care assistants
- 3 x housekeeping staff
- 2 x catering staff
- 1 x activities co-ordinator.

From our observations of care practices, discussions with staff and review of accident and incident notifications and fire safety records, these staffing levels met the needs of the residents. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

We also reviewed the staffing levels on night duty and found these to be adequate.

We reviewed the duty rotas. These confirmed that there was a record of staff working over a 24 hour period. The duty rotas did not record the capacity in which they worked. One recommendation was made in this regard.

Any member of staff that has the responsibility of being in charge has been assessed as competent and capable. From our discussions with staff we could confirm that they had good knowledge and understanding of residents' needs.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home were adequate and safe. Care staff duties were busy but staff informed us that these had improved following a review of duties and current resident dependencies.

Administrative and ancillary staff are employed to ensure that minimum standards relating to respective responsibilities are fully met.

Is Care Effective? (Quality of Management)

The home has a defined management structure as detailed in the Statement of Purpose. This includes a newly appointed manager pending registration with RQIA. The management structure is in line with the Western Health and Social Care Trust's structure for the programme directorate.

In our discussions with staff, they confirmed to us that they felt positive about the managerial support and availability. Staff also informed us that they would have no hesitation about reporting concerns to management.

Time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability.

A record is maintained of all staff employed. This record includes their name, date of birth, previous experience, and qualifications, starting and leaving dates, posts held and hours of employment.

In our discussions with staff, they confirmed to us good knowledge of the aligned health care professionals they could utilise for the care of the resident.

Is Care Compassionate? (Quality of Care)

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive.

Care duties were organised at an unhurried pace. Residents' social and recreational needs were met as confirmed from discussions with the activities co-ordinator and observations of care practices.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to maintenance of the duty rota. This standard was otherwise found to be met. The overall assessment of this standard considered to be compassionate, safe and effective.

Number of requirements:	0	Number of recommendations:	1
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Additional areas examined

4.1 Residents' Views

We met with 18 residents during this inspection. Due to levels of dependencies associated with category of care many of the residents could not articulate their views. However they did express and also indicated that they were happy with their life in the home and their relationship with staff. Some of the comments made included statements such as;

- "I am very happy here. The staff are all good to me"
- "I have no complaints"
- "They are all very good to us"
- "I am cared for very well".

4.2 Relatives' Views

There were no visiting relatives at the time of this inspection.

4.3 Staff Views

From our discussions with staff on duty, they spoke with positive regard to the provision of care, staffing, teamwork, morale, and managerial support.

Staff informed us that they felt training in dementia should be updated, as it has been some considerable time since this was received. One recommendation was made in this regard.

4.4 Accident / Incident reports

A review of these reports from the previous inspection was undertaken. These were found to be appropriately managed and reported.

4.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents' bedrooms were comfortable and facilitated with personal artefacts and memorabilia.

4.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

4.7 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

The home's most recent fire safety risk assessment dated October 2014 was reviewed. This assessment has a scheduled date of review on 23 October 2015.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

There was one area of improvement identified with these additional areas inspected. This was in relation to the frequency of training in dementia. Otherwise these additional areas examined were found to be safe, effective and compassionate.

6. Quality Improvement Plan

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

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Recommendations	
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. Response by Registered Person(s) detailing the actions taken: The home has availed of the Western Trust training schedule for palliative and end of life care for 2016. The Manager of the home will arrange for staff to attend training as per schedule
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. Response by Registered Person(s) detailing the actions taken: The manager of the home has liaises with Trust continence services to identify and commission appropriate training for staff within the home relating to continence management. At present this training is in the process of being commissioned and will hopefully be in place soon
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. Response by Registered Person(s) detailing the actions taken: The manager of the home will keep a record of all dementia training that staff participate in and keep all staff records up to date by including this training. The manager of the home will review on an annual basis all training records to ensure appropriate levels of training are adhered to
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. Response by Registered Person(s) detailing the actions taken: The format of the duty rota has been changed to take into account the grades of staff on duty at all times

Registered Manager completing QIP	Deirdre Walker	Date completed	03/12/15
Registered Person approving QIP	<i>Eaie Hay</i>	Date approved	8.12.15
RQIA Inspector assessing response	John McAuley	Date approved	_21.12.15

****Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address****

