



The Regulation and
Quality Improvement
Authority

Seymour Gardens
RQIA ID: 1221
Nelson Drive
Waterside
Londonderry

Inspector: John McAuley
Inspection ID: IN022779

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**Unannounced Care Inspection
of
Seymour Gardens**

12 May 2015

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The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced inspection took place on 12 May 2015 from 10:00 to 13:40. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	2

The details of the QIP within this report were discussed with the Senior Care Assistant in charge, Maureen Brady. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust Elaine Way	Registered Manager: Deidre Walker (Acting)
Person in Charge of the Home at the Time of Inspection: Maureen Brady	Date Manager Registered: N/A
Categories of Care: RC-DE	Number of Registered Places: 26
Number of Residents Accommodated on Day of Inspection: 25	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 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

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

Prior to inspection we analysed the following records notification reports and previous inspection report.

We met with all the residents, four staff of various grades and two visiting relatives.

The following records were examined during the inspection: residents' care records, accident / incident reports, complaints and compliment records, policies and procedures and aligned guidance available to standards inspected and fire safety documentation.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 5 December 2014. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30(1)(f)	The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of – (f) any accident in the home Reference to this is made in that occurrences of bruising must be appropriately reported.	Met
	Action taken as confirmed during the inspection: A review of the accident/incident reports from the previous inspection confirmed that appropriate notification was in place.	

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need(s) that prevents this.

In our discussions with staff on duty in respect of this area of care conveyed that they considered the care as compassionate. The senior care assistant explained how with the resident's wish, other residents, as appropriate and staff who wished to comfort a resident who was dying were enabled to. The member of staff also explained that other residents and staff are informed in a sensitive manner of the death of a resident. Other residents and staff have opportunity to pay respect and are provided with support if needed.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We reviewed of a sample of compliment letters and cards. These were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

The spiritual needs of the resident were found to be assessed in respect of wishes and contact details.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nurses.

We reviewed of residents' care records and could confirm that death and dying arrangements were assessed.

In discussions with staff they demonstrated to us that they had knowledge and understanding how to care for this area of need.

Is Care Compassionate? (Quality of Care)

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care.

We noted that staff had not received specific training in this area of care. A recommendation has been made for this training to be put in place, which can be disseminated to other staff members during their induction and at staff meetings.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to staff training in this area of care. However the overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	1
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5.4 Theme: Residents Receive Individual Continence Management and Support**Is Care Safe? (Quality of Life)**

In our discussions with staff they also demonstrated knowledge and understanding of this area of care. However there was no formal staff training in continence management. A recommendation was made for this to be put in place.

We reviewed residents' care records found that an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. Following this the district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available for staff.

Identified issues of assessed need are reported to the district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to training of staff in continence management. However the overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

We met with all the residents in the home at the time of this inspection. Due to associated category of care, many of the residents could not clearly articulate their views about the home. However in accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals. Three residents were able to articulate comments such as;

- "They are all good to me, I have no complaints"
- "It's all grand and everyone is very kind"
- "I am spoilt here"

5.4.2 Relatives' Views

We met with two visiting relatives at the time of this inspection. Both spoke with praise and gratitude for the kindness and support received from staff, the provision of care and their consultation with care provided.

5.4.3 Staff Views

We met with four members of staff of various grades on duty at the time of this inspection. All staff spoke positively about their roles and duties, staff morale, workload and teamwork. Staff informed us that they felt a good standard of care was provided for and they had the necessary resources and skills to provide for.

Ten staff questionnaires were distributed during this inspection for return.

5.4.4 General Environment

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

5.4.5 Accident / Incident Reports

We reviewed these reports from the previous inspection and found these to be appropriately managed and reported.

5.4.6 Care Practices

Throughout our discreet observations of care practices we evidenced residents being treated with dignity and respect. Care duties were organised at an unhurried pace, with time afforded for interactions with residents. Staff interactions with residents were found to be polite, friendly warm and supportive.

A visiting hairdresser was in attendance, with many residents availing of this service. A planned programme of activity was in place for a number of residents to attend a nearby community centre for later that afternoon.

An appetising dinner time meal was provided for in comfortable surroundings. Supervision and assistance with residents was found to be given in an appropriate manner. There was found to be good provision and encouragement of fluids.

The music played in the reception area was of a genre not in keeping with residents' age group and taste. However the senior care assistant was able to reassure us that subsequent arrangements were planned for to provide an appropriate genre for residents.

5.4.7 Fire Safety

A review of the home's most recent fire safety risk assessment, as dated 23 October 2014 was undertaken. It was noted that recommendations from this assessment had been dealt with.

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

At the time of this inspection we observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors or inappropriate storage in the electrical switch room.

Areas for Improvement

There were no areas of improvement identified with these additional areas examined.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Senior Care Assistant Maureen Brady 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

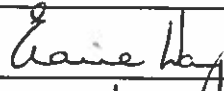
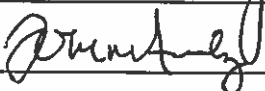
This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

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. 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 home.

Quality Improvement Plan

Recommendation 1	All staff should be provided with training in the care of death and dying.		
Ref: Standard 23.4 Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: The Manager of the home has liaised with training team and is currently securing training for staff in relation to care of death and dying; date to be confirmed.		
To be Completed by: 20 August 2015			
Recommendations			
Recommendation 2	All staff should be provided with training in continence management.		
Ref: Standard 23.4 Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: The manager of the home has liaised with the Trust's continence advisory team to secure training for staff around the promotion and management of continence; a date is to be confirmed with continence team.		
To be Completed by: 20 August 2015			
Registered Manager Completing QIP	Deirdre Walker	Date Completed	18.6.15
Registered Person Approving QIP		Date Approved	19.6.15
RQIA Inspector Assessing Response		Date Approved	29/6/15

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