

Inspection Report

22 June 2021



Seymour Gardens

Type of Service: Residential Care Home
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Ms. Anne Kilgallen	Registered Manager: Miss Stacy McAleer Date registered: Awaiting application
Person in charge at the time of inspection: Miss Stacey McAleer	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 25 residents living with dementia.	

2.0 Inspection summary

An unannounced inspection was conducted on 23 June 2021 from 10.10am to 14.45pm 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.

Three areas requiring improvement were identified. These were in relation to recording of complaints, repair to wallpaper and putting in place evidence of residents' representative consultation in the care planning process, where appropriate.

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. One resident made the following comment; "Everyone's nice here. I am very happy here and feel very safe."

Comments received from residents, one visiting relative and staff, are included in the main body of this report.

RQIA were assured that the delivery of care provided in Seymour Gardens was safe, effective, compassionate and well led.

The findings of this report will provide management 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 inspection findings, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the Miss Stacy McAleer, manager, at the conclusion of the inspection

4.0 What people told us about the service

During the inspection we spoke with 11 residents, one visiting relative and six five staff. No questionnaires were returned and we received no feedback from the staff online survey. In accordance with their capabilities, residents spoke positively on the care that they received and on their interactions with staff. Residents confirmed that staff treated them with respect and kindness. Staff acknowledged the difficulties of working through the COVID – 19 pandemic but all staff agreed that Seymour Gardens was a good place to work. Staff were complimentary in regard to the home's management and spoke of how much they enjoyed working with the residents.

5.0 The inspection

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

The last inspection to Seymour Gardens was undertaken on 8 March 2021 by a care inspector.

Areas for improvement from the last inspection on 08 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(4) Stated: Second time	The registered person shall ensure all staff are in receipt of up-to-date training in safeguarding residents from harm and Deprivation of Liberty (DoLs) level 2 training.	Met
	Action taken as confirmed during the inspection: This training has been put in place.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard N13 Stated: First time To be completed by: 8 April 2021	The registered person shall ensure there are adequate provisions of wall thermometers in place in residents' bedrooms and lounges to ensure optimum temperatures in the home.	Met
	Action taken as confirmed during the inspection: Wall thermometers and temperature checks have been put in place.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

The manager stated that there was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff, including agency staff, were provided with a comprehensive induction programme to prepare them for working with residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular and up-to-date mandatory and additional training in a range of aspects of care.

Staff said there was good team work and that they felt well supported in their role. Staff also said that they were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of 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. Any person in charge of the home has a competency and capability assessment in place.

Staff stated that there was enough staff on duty to meet the needs of the residents. The manager also stated that the the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

One resident made the following comment; "I love it here. The staff are all very good."

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding training. Staff stated they were confident about reporting concerns about residents' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints identified a complaint that had no detail recorded in respect of actions taken and confirmation if the complainant was satisfied or not with the outcome. This has been identified as an area of improvement. Following this inspection the manager sent confirmation that the complainant was satisfied with the outcome of this complaint.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats and a locked door facility. Inspection of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. Staff had attended specialised training to ensure they were aware of what restrictive practices were and how to ensure if they could not be avoided that best interest decisions were made safely for all residents.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance, including those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, warm, friendly and supportive. Staff were seen to seek residents' consent with delivering personal care with statements such as; "Would you like to...or can I help you with..."

One resident made the following comment; "We all cared for very well here. There's not a thing staff won't do for you."

There were systems in place to ensure that residents were safely looked after in the home and to ensure that staff were adequately trained for their role in keeping residents safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and tidy and had benefitted from a programme of decoration and refurbishment.

Residents' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were appropriately decorated, suitably furnished, clean and tidy; and comfortable. An area of improvement was identified to make good the wall paper in a communal alcove which badly torn. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The home's most recent fire safety risk assessment was dated 14 December 2020. This had corresponding evidence recorded to confirm that the six recommendations from this assessment had been addressed.

Inspection of staff training records and fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

There was evidence of personalisation and a programme of upkeep and redecoration in place as required.

5.2.4 How does this service manage the risk of infection?

The manager described the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Inspection 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.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

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.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. The senior care assistant on duty had good knowledge of individual residents' needs, their daily routine wishes and preferences.

Inspection of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a resident has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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 could include simple encouragement through to additional assistance from staff. During the dining experience, 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 choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The lunchtime meal was a pleasant and unhurried experience for the resident.

One resident made the following statement; "I tell you this is a lovely place. You won't get many places as clean as here and the food is good too."

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

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 these needs; and included any advice or recommendations made by other healthcare professionals. The care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. An area of improvement was made to ensure there is evidence to confirm that residents' representatives are consulted in the care planning process, where appropriate, as this was not readily evident.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each of their care needs and what or who was important to the individual.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the patient, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

A visiting relative declare that they were very happy with the home and the kindness and support received from staff and had good confidence with the care provided.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were observed to be comfortable and at ease in their environment and interactions with staff. The genre of the music played was in keeping with residents' preferences. A planned programme of activities was in place and records of participation in activities were maintained.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

In summary the home supports residents to have meaning and purpose to their day.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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 stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

A sample of records of compliments was reviewed.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on behalf of the responsible individual are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Management systems are in place to monitor the quality of care and services provided by the home and to drive improvement.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

Three areas of improvement were identified, which are detailed in the included Quality Improvement Plan. These were in relation to recording of complaints, repair to wallpaper and putting in place evidence of residents' representative consultation in the care planning process, where appropriate.

Feedback from residents throughout this inspection was positive and there was a good atmosphere and ambience in the home. Residents were seen to be comfortable, content and at ease in their environment and interactions with staff.

RQIA were assured that the delivery of care and service provided in Seymour Gardens was safe, effective, compassionate and well led.

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' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	0	3

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 17.10 Stated: First time To be completed by: 23 June 2021	<p>The registered person shall ensure that in the recording of complaints, clear details of actions taken and confirmation if the complainant was satisfied or not with outcome are documented.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The complaint in question has now been reviewed and closed. Monthly audits of complaints received are being completed. The feedback from this inspection will be utilised in the dealing of any further complaints received in the future.</p>
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 22 July 2021	<p>The registered person shall make good the wall paper in the corridor alcove.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A request has gone in to minor capital works to strip the wall paper off and paint the wall in question to reduce the likelihood of this reoccurring</p>
Area for improvement 3 Ref: Standard 6.3 Stated: First time To be completed by: 22 July 2021	<p>The registered person shall ensure there is evidence to confirm that residents' representatives are consulted in the care planning process, where appropriate.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: A meeting has been held with band 5 Senior Carers to ensure they involve resident representatives in the care planning process going forward. This feedback has been taken on board and will be implemented .</p>

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