



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 24 September 2019



## Seymour Gardens

**Type of Service: Residential Care Home**

**Address: Nelson Drive, Waterside, Londonderry, BT47 6ND**

**Tel No: 028 7134 4470**

**Inspector: John McAuley**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 25 residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager and date registered:</b> Michelle McMackin – acting no application required
<b>Person in charge at the time of inspection:</b> David McGowan, senior care assistant	<b>Number of registered places:</b> 25
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 24

### 4.0 Inspection summary

This unannounced inspection took place on 24 September 2019 from 10.00 to 14.00 hours.

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.

Evidence of good practice was found in relation to staff training, supervision and appraisal. There was also good practice evident in how staff interacted with residents fulfilling choice, respect and dignity.

Areas requiring improvement were identified in relation to staffing levels, the environment, obtaining staffs' views during monitoring visits and the recording of complaints. In relation to the environment, this area of improvement has been stated for a second time.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Some of the comments included statements such as; "It's lovely. I am cared for well. No complaints" and "The staff are treasures, every one of them".

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

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

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with David McGowan, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 22 January 2109

The most recent inspection of the home was an unannounced care inspection undertaken on 22 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

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, such as notifiable reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

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

- staff duty rotas
- staff training schedule and training records
- three residents' records of care
- residents' progress records
- complaint records
- compliment records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- fire safety risk assessment

- fire safety records
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 22 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (d) <b>Stated:</b> First time	The registered person shall put in place a programme to decorate the corridors and lounges of the home to an acceptable standard and in keeping with a dementia friendly environment.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This programme had not been put in place.  This area of improvement has been stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> First time	The registered person shall assess the loose fitting display cabinet in accordance with current safety guidelines with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The risk pertaining to the loose fitting display cabinet had been eliminated.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.2	The registered person shall ensure that issues of assessed need recorded in residents' progress records have a detailed statement of care/treatment given with effect (s) of same.	<b>Met</b>

<b>Stated:</b> First time	Special reference needs to be paid to falls or episodes of ill-health.	
	<b>Action taken as confirmed during the inspection:</b> Inspection of a sample of residents' progress records confirmed that issues of assessed need had a recorded statement of care/treatment given with effect of same.	

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

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection residents in the home at the time of this inspection confirmed and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

#### Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

An inspection of the staffing levels found there were significant shifts where deficits were identified in the care staff provision during the day time and evening periods. Staffing levels were not in keeping with the increase in resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Staff advised that they felt stressed with shifts that had not been staffed to the desired levels. It was reported that due to staff shortages, allocation of activities hours had been depleted. An area of improvement in accordance with regulation has been made for the staffing levels to be reviewed and maintained thereafter to meet resident dependencies and the size and layout of the home.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the manager. A sample of one of these assessments was inspected and found to be appropriately in place.

#### Staff induction, supervision and appraisal

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was audited on a monthly basis.

### **Staff training**

Inspection of staff training records found that mandatory requirements and other training needs were being met. A matrix of staff training is in place which identifies when staff have last completed their mandatory training and when updated training is required.

### **Safeguarding**

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

### **Environment**

The general appearance of the home was akin to that of in preparation for redecoration. Walls throughout the corridors and communal lounges were bared with scratching and tiredness in appearance. There was no artwork or pictures to detach from the overall drab appearance. It was reported that plans were in place for a programme of redecoration but there was no definitive date for commencement. This has been identified as an area of improvement in accordance with regulation for a second time.

Otherwise the home was clean and tidy but the lack of décor detracted from this. Residents' bedrooms were comfortable and generally personalised. The grounds of the home were reasonably maintained.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

### **Fire safety**

An inspection of the home's most recent fire safety risk assessment, dated 22 October 2018, was undertaken. There were 10 recommendations made as a result of this assessment, which had corresponding evidence of actions taken.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training and supervision.

## Areas for improvement

Two areas were identified for improvement in relation to staffing levels and the home's environment. In relation to the environment this area for improvement has been stated for a second time.

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

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with the senior care assistant in charge and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

### Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need.

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.

The records inspected had evidence of resident/representative consultation in the care planning and review process, by signatures of participation.

### Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as infection prevention and control were found to be maintained in line with good practice.

Good practice was also identified when an issue was raised by a resident who had pain in his mouth. When this was raised with the senior care assistant he had already appropriately dealt with this and a referral was made to the aligned healthcare professional.



Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with dietary needs. Residents were dressed well in matching clean attire.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of care records and general observations of care practices.

### Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

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

### 6.5 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.**

Staff interactions with residents were found to be friendly, polite and supportive. A relaxed ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

### Residents' Views

Discussions were undertaken with 20 residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included statements such as;

- "It's lovely. I am cared for well. no complaints"
- "The staff are treasures. Every one of them"
- "The food is great. Almost too much"
- "How could you complain about a thing here? They are all great"
- "I feel safe here"
- "I love the staff. They are wonderful".

### Relatives' views

Discussions with two visiting relatives confirmed that they were satisfied with the provision of care and praised the staff for their kindness and support given. One comment made included the statement;

- "I am very happy with the care here. The staff are all great in every way. Just the way it should be. I am very confident with this home".

## Dining experience

The dining room was suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring, unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

## Care practices

Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. Care duties and tasks were organised and staff interactions were polite and friendly.

During the inspection there were no activities or positive fulfilment for residents, other than a visiting hairdresser which some residents availed of. Staff reported that the allocation of hours for activities had been depleted which has been highlighted in 6.3 as an area of improvement. After lunch care staff reported that they facilitated residents in activities with games and crafts.

## Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and two visiting relatives.

## Areas for improvement

There were no areas of improvement identified during the inspection in relation to this domain.

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

### 6.6 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 inspector was met on arrival to the home by a senior care assistant in charge, who was available throughout this inspection to facilitate information and discussion.

## Monitoring records

The last three months' monitoring reports (7 June 2019, 30 July 2019 and 29 August 2019) completed on behalf of the responsible individual were inspected. An area of improvement in accordance with standards was identified in that none of these reports contained staff interviews or comments. In determining these views, this could have resolved their concerns raised at the time of this inspection in relation to staffing levels.

## Complaints

An inspection of the record of complaints together with discussions with the senior care assistant confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The records contained details of the complaints, action taken and resolution. An area of improvement has identified in accordance with standards to include in the recording of complaints, confirmation on whether the complainant was satisfied with the outcome.

## Accidents and Incidents

An inspection of accidents and incidents reports from 1 July 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

## Staff views

Staff advised that they would feel comfortable about raising any concerns but felt that recent concerns on staffing levels had not been acted on. Staff advised their morale was compromised by the stresses with staffing levels in the home but there were good working relationships with one another.

Staff did advise that they felt a good standard of care was provided for and if staffing levels were acted on they would feel positive and enthusiastic about their roles and duties.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of accidents and incidents.

## Areas for improvement

There was two area of improvement identified during the inspection in relation to seeking staffs' views during the monitoring visits on the behalf of the responsible individual and the recording of expressions of complaint.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with David McGowan, senior care assistant, 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27(2)(d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 December 2019</p>	<p>The registered person shall put in place a programme to decorate the corridors and lounges of the home to an acceptable standard and in keeping with a dementia friendly environment.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The programme for painting sitting rooms x 2, smoke room x 1 and outside woodwork and stonework is currently underway. A costing has been completed for corridors, toilets and dining room recently. Dementia friendly colours have been picked in conjunction with Assistant Services Manager (for dementia) and Officer In Charge and tender has been issued. Work will be commencing after tender has been awarded.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 October 2019</p>	<p>The registered person shall review the staffing levels and then maintain accordingly. This review must meet residents' dependencies, the size and layout of the home and fire safety requirements.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Staffing levels have been increased to reflect the needs of our current residents. This includes 3 residents who currently require assistance of two staff. Staffing levels will be monitored on a daily basis by Officer In Charge who will ensure that residents are provided with safe and effective care at all times. Any shortages in staffing levels will be covered by Bank, Agency and other available staff from other facilities. Officer In Charge will work tirelessly to ensure staffing levels do not fall below the RQIA minimum standards.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2109</p>	<p>The registered person shall obtain and record staff interviews in the monitoring visits on behalf of the responsible individual.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been addressed at a recent Officer In Charge meeting as an item on the agenda. It has been discussed to ensure all delegated providers interview, speak and liaise with staff on duty on day of visit. Going forward this will be completed and monitored rigorously.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall include in the recording of complaints, confirmation on whether the complainant was satisfied with the outcome.</p> <p>Ref: 6.6</p>
<p><b>To be completed by:</b> 30 September 2019</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Officer In Charge and senior staff will ensure that all or any complaints will be dealt with in accordance to the Trust's complaints procedure and the relevant policy. This will include the recording of the outcome of the complaint. The Officer In Charge will ensure that all complainants are spoken to regarding their level of satisfaction with regards to the complaint and this will be documented in the complaints file, dated and signed. Officer In Charge is in the process of organising complaints training for all staff. Three staff have attended complaints training on 25<sup>th</sup> October 2019. Staff are aware of the policy, have read and signed same and all staff are aware of the process of dealing with any complaints that are received into the home. This area will be continuously monitored by Officer In Charge.</p>



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