



Unannounced Care Inspection Report 27 August 2020



Seymour Gardens

Type of Service: Residential Care Home
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND
Tel No: 028 7134 4470
Inspector: John McAuley

www.rqia.org.uk

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 residential care home registered to provide care for up to 25 residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Michelle McMackin – acting no application required
Person in charge at the time of inspection: Michelle McMackin	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 23

4.0 Inspection summary

An unannounced inspection took place on 27 August 2020 from 09.45 to 14.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- fire safety
- governance and management

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
Total number of areas for improvement	4*	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Michelle McMackin, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

*this includes one area of improvement which was carried over until the next inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 residents and six staff. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. 'Have we missed you cards' were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received in time for inclusion to this report.

The following records were examined during the inspection:

- staff duty rota
- record of staff meetings
- staff training records
- IPC records and audits
- fire safety records
- care records
- statement of purpose
- monthly monitoring reports
- accident and incident reports
- quality assurance audits

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 19 September 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
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: Second 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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: A programme of decoration had commenced but was subsequently was suspended due to the COVID-19 pandemic.	
Area for improvement 2 Ref: Regulation 20(1)(a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of staffing levels has been put in place and maintained accordingly.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall obtain and record staff interviews in the monitoring visits on behalf of the responsible individual.	Met
	Action taken as confirmed during the inspection: Inspection of the reports of the monitoring visits for the last two months confirmed this was put in place.	
Area for improvement 2 Ref: Standard 17.10 Stated: First time	The registered person shall include in the recording of complaints, confirmation on whether the complainant was satisfied with the outcome.	Met
	Action taken as confirmed during the inspection: Inspection of the record of complaints confirmed that this format of recording expressions has been put in place.	

6.2 Inspection findings

6.2.1 Staffing levels

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence.

Staff spoke positively about their roles and duties, the provision of training, managerial support, teamwork and morale. Staff stated that they felt residents received a good standard of care and were treated with respect and dignity. Staff stated that the recent review of staffing levels and residents' dependencies had had a great impact on their morale and abilities to meet residents' needs.

An agency staff member on duty stated that they worked in the home on a regular basis and had received a good induction and felt included in the staff team.

Staff meetings were being held on a regular basis with the minutes of these recorded appropriately.

6.2.2 Safeguarding residents from harm

The manager demonstrated a good understanding of the safeguarding process, namely; how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

An inspection of staff training records found that safeguarding training for staff was not up-to-date. The manager reported that this had been identified and had requested this to be put in place. This has been identified as an area of improvement.

6.2.3 Environment

The home was clean and tidy throughout. Residents' bedrooms were comfortable and tastefully furnished. Bathrooms and toilets were clean and hygienic.

A programme of redecoration and refurbishment of corridors and communal areas bedrooms had commenced but has been put on hold with the current COVID-19 pandemic.

Two trip hazards were observed in uneven surfaces in the corridor floors due to replacement of the flooring. This was identified as an area of improvement. The manager gave assurances that this would be addressed immediately.

6.2.4 Infection prevention and control

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic, which was readily available for staff.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment; staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

6.2.5 Fire safety

The home's most recent fire safety risk assessment was dated December 2019. This assessment had corresponding evidence recorded on seven out of the eight actions taken in response to recommendations made. The one recommendation with no corresponding action was recorded as being cited for a second time. An area of improvement was made to submit an action plan with timescales to the home's aligned estates inspector detailing how this recommendation will be addressed.

Fire safety checks on the environment were maintained on a regular and up-to-date basis. Fire safety training and fire safety drills for staff was not up-to-date and was identified as an area of improvement to address. The manager gave assurances that plans were in place to address this urgently.

6.2.6 Care practices

Staff interactions with residents were polite, friendly, warm and supportive. Residents were at ease in their environment and interactions with staff. Staff were attentive to residents' needs.

Staff were knowledgeable of the need for social distancing and isolation of residents, when appropriate.

Staff sought residents' consent when wishing to assist with care with statements such as "Would you like to..." and also staff gave informed explanations to residents of any intended tasks. This is good practice.

Residents were dressed well with obvious attention given to personal hygiene and care needs.

Feedback from residents in accordance with their capabilities was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- “It’s great here. Everything’s very good.”
- “All is very good.”
- “This is wonderful. No worries.”
- “Nothing wrong here. I like it.”

6.2.7 Dining experience

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with residents’ individual needs being catered for. The dinner time meal was appetising and nicely presented with good provision of choice in place. Fluids and drinks were readily available and provided for.

A menu was displayed appropriately with provision of choice and an alternative.

Tables were nicely set with choice of condiments for those residents who wished to have their meals in the dining room. For those residents who choose to have their meal in their bedrooms, plate coverings were used to transfer from the kitchen.

Residents spoke positively and favourably on the provision of meals.

6.2.8 Care records

An inspection of three residents’ care records was undertaken. Care records were well written and up-to-date. Records were individualised to the needs of the person. They included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

There was evidence that the care planning process included input from residents and/or their representatives, as appropriate.

6.2.9 Governance

The home has a defined managerial structure as detailed in its Statement of Purpose and in line with the Western Health and Social Care Structure.

The two most recent monthly monitoring reports (10 June 2020 and 20 July 2020) on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

An inspection of accident and incident reports from 1 January 2020 was undertaken. These events were found to be managed and reported appropriately.

A selection of audits was inspected in relation to: accidents and incidents, hand hygiene and IPC. These were completed regularly and any areas for improvement were identified and addressed.

Areas of good practice

Areas of good practice were found in relation to staffing, teamwork, feedback from residents and staff and the pleasant atmosphere and ambience of the home.

Areas of good practice

Four areas for improvement were identified during the inspection. These were in relation to safeguarding and fire safety training and drills, floor surfaces and a recommendation response to the fire safety risk assessment.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

There was a nice atmosphere in the home, with care tasks and duties organised and unhurried which was feedback from positive views with staff. Residents were comfortable, content and at ease in their environment and interactions with staff and appeared well cared for. Assurances were given by the manager that the four areas of improvement would be acted upon appropriately and promptly.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle McMackin, Manager, 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 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	
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: Second time To be completed by: 24 December 2019	<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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 14(4) Stated: First time To be completed by: 27 September 2020	<p>The registered person shall ensure all staff are in receipt of up-to-date training in safeguarding residents from harm.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Manager has contacted Safeguarding Team who are in the process of compiling level 2 training via elearning for all staff which will be completed from October to December 2020. Manager gives assurances that all staff will undertake this training. Safeguarding Policy has been displayed for reading by all staff and safeguarding and whistleblowing will be items on agendas for all care and senior staff meetings until elearning modules has been completed.</p>
Area for improvement 3 Ref: Regulation 27(2)(b) Stated: First time To be completed by: 28 August 2020	<p>The registered person shall make good any uneven surfaces in the corridor floors.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Manager has contacted senior staff in Estate Services regarding the current situation of uneven surfaces after replacement vinyl had been laid as this could lead to a tripping hazard for residents in the unit. Estate Services has prioritised this work as a matter of urgency.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27(4)(e) and (f)</p> <p>Stated: First time</p> <p>To be completed by: 27 September 2020</p>	<p>The registered person shall ensure all staff are in receipt of up-to-date training in fire safety and fire safety drills.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have now received elearning fire training and fire drills have now been completed on 6 October 2020 and were within fire drill guidelines and timescales. The manager will complete another fire drill in November to capture all other staff members. Fire safety manual, fire safety policy and inhouse fire guidelines read and signed by staff.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 27 September 2020</p>	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the one outstanding recommendation on the fire safety risk assessment dated December 2019, will be addressed.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Action plan to address the one outstanding recommendation from fire risk assessment 2019 detailed below .</p> <p>Seymour Gardens Decoration Works Scope of Works The following extract is from the 2019 Fire Risk assessment. Ceilings in rooms GO 010, GO 051, dining room, smoking room, and activity room are lined with a wooden tongue & groove panelled system which does not appear to meet class 0. There are currently plans to have these ceilings treated with a class 0 finish and works are due to be carried out this financial year. WHSCT appointed MTC contractor will undertake the works as follows;</p> <p>Programme of Works The remedial works will be completed as follows: Smoking room 28th 29th October GO 010 2nd November GO 051 3rd November Activity Room 4th November Dining Room 5th / 6th November Fire certificates will be issued for all area on completion of the works. COVID Precautions Painting contractors will access and egress the work areas utilizing the fire exits, where this is not possible (activity room) they will enter the facility with a staff member (in full PPE) and avoid contact with residents. The contractor PPE will consist of</p>

	<p>disposable paper suits, Fluid resistant mask and use hand sanitizers when entering/exiting facility. They will ensure that any touch surfaces are wiped down with disinfectant wipes when leaving.</p>
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Action plan has been forwarded to aligned RQIA estates inspector also.

****Please ensure this document is completed in full and returned via Web Portal****



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