

Inspection Report

28 February 2023



Seymour Gardens

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Western HSC Trust Responsible Individual: Mr Neil Guckian	Registered Manager: Mrs Elish Morris- not registered
Person in charge at the time of inspection: Ms Josephine McElchar	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 is a registered Residential Home which provides health and social care for up to 25 residents.	

2.0 Inspection summary

An unannounced inspection took place on 28 February 2023 from 11.00 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and tidy with a homely atmosphere. Staff members were attentive to the needs of residents' and carried out their work in a compassionate manner.

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.

Areas requiring improvement from the previous care inspection were reviewed and two new areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) Section 6.0 for further details.

Addressing the areas for improvement will further enhance the quality of the care and services in Seymour Gardens.

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 areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work.

A range of documents and records were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about the care that they received. One resident said, "I'm very well looked after". Residents also commented positively on the food and their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing and teamwork.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management, to allow residents, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. No questionnaires were returned and no feedback was received from the staff online survey.

5.0 The inspection

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

Areas for improvement from the last inspection on 22 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1)(b) Stated: First time	The registered person shall put in a put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed, and be available for inspection.	Met
	Action taken as confirmed during the inspection: Discussion with management and a review of an available checklist evidenced that this area for improvement was met. This is further discussed in Section 5.2.1.	
Area for Improvement 2 Ref: Regulation 27(4)(a) Stated: First time	The Registered person shall undertake remedial measures to address the actions identified in the Fire Risk Assessment.	Met
	Action taken as confirmed during the inspection: Discussion with the management confirmed that systems were in place to ensure the actions identified in the current fire risk assessment were addressed.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that medicine related care plans include the necessary detail and are monitored on an ongoing basis.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that systems are in place to follow up changes in medicine information and ensure administration is as prescribed.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. An area for improvement (AFI) identified at the previous inspection pertaining to a recruitment checklist was reviewed. It was noted that a recruitment checklist was in place and provided the manager with oversight of the recruitment process.

Discussion with staff and a review of a sample of records confirmed that staff were provided with an induction programme to support them in the tasks associated with their role and duties. Competency and capability assessments were also undertaken for staff members who had responsibility of being in charge of the home. The duty rota identified the staff working in the home over a 24-hour period.

A system was in place to ensure all relevant staff were either registered or in the process of registering with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Compliance with training was discussed with management who confirmed that this was robustly monitored to ensure ongoing staff compliance.

Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff. Observations confirmed that residents' needs were met by the staff on duty.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual residents' needs, preferred daily routines, likes and dislikes, for example, where residents preferred to sit and what they liked to eat. Staff members were observed to be skilled in communicating with the residents and to treat them with patience and understanding.

Discussion with some staff identified gaps in knowledge pertaining to the management of an identified resident's Deprivation of Liberty safeguards (DOLS). This was discussed with management for review and action; an area for improvement was identified.

A sample of care records were reviewed and were generally well maintained, regularly reviewed and updated to ensure they continued to meet the resident's needs. It was however noted, that one record did not accurately identify the Deprivation of Liberty safeguards (DOLS) in place for the resident. This was discussed with the management for immediate action. On admission any DOL safeguards in place must be clearly recorded in the residents care plan; an area for improvement was identified.

Residents' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. During the lunchtime meal the atmosphere was supportive and paced appropriately for the level of need. A menu was available to inform residents of the meals and choice available. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents spoke positively in relation to the quality of the meals provided.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated. There was evidence throughout the home of 'homely' touches such as personalised artwork and displays. A sample of bedrooms were reviewed and noted to be personalised with items important to the resident reflecting their individuality.

The home was observed to be clean, tidy and had no malodours. Fire exits were observed to be free of clutter and obstruction. An AFI identified at the previous inspection pertaining to a fire risk assessment was reviewed. Discussion with management following the inspection confirmed that a further fire risk assessment had been undertaken in February 2023 and remedial measures were being progressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable. For example, residents could have a lie or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for food and drink options, and where and how they wished to spend their time.

It was observed that staff ensured a social atmosphere in communal areas with music and the television playing. Some residents were seen participating in jigsaws and board games whilst others chose to participate in group activities in the lounge. Residents commented positively on the activities offered within the home.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in management of the home since the last inspection. Mrs Elish Morris has been the acting manager in this home since September 2022.

Staff members 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A sample of reports was reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	4*

* the total number of areas for improvement includes two that have been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, 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) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2021</p>	<p>The registered person shall ensure that medicine related care plans include the necessary detail and are monitored on an ongoing basis.</p> <p>Ref 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2021</p>	<p>The registered person shall ensure that systems are in place to follow up changes in medicine information and ensure administration is as prescribed.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (28 February 2023)</p>	<p>The registered person shall ensure that a system is in place to ensure all staff are aware of the most recent DoLS status of each resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A quick reference chart containing the information of each Resident is in operation within the Home, this includes their DoLS status and the date of review is required. The Registered Manager and Band 5 staff will ensure the chart is kept up to date and any relevant actions are timely and effective. Any changes to any Resident's DoLS status will also be communicated at handover meetings. In addition to this each Resident's file has a DoLS section for reference to paperwork as required. Provider visits will audit this process checking the chart and files periodically.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (28 February 2023)</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident’s needs and are regularly reviewed. This is made in regards to DOL safeguards.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Registered Manager and Band 5 Key worker will ensure risk assessments and Care Plans accurately reflect the needs of the Resident, they are updated as changes occur and ensure regular reviews are held, for all care needs however in particular in relation to DoLS safeguards. Both the manager and Keyworker will sign the forms. Residents with capacity to do so will be encouraged to sign all forms and updates. A family member/representative for the resident will sign as applicable. Provider visits will audit this process checking files periodically.</p>

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



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