The Regulation and Quality Improvement Authority

Inspection Report

3 June 2024

Seymour Gardens

Type of service: Residential (RC)
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND
Telephone number: 028 7134 4470

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 Jacqueline McElhinney – not registered
Person in charge at the time of inspection: Jacqueline McElhinney	**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:** 19
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, registered for dementia care.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2024, from 10.00 am to 5.45 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 bright and welcoming, communal areas were suitably decorated and free from obstruction. Residents were provided with choice throughout the day about where they wished to sit and what they wanted to do.

Residents who were able to make their wishes known told us they enjoyed residing in the home and provided positive feedback about the staff and the care provided.

Staff spoken with provided positive feedback about their experiences working in the home and told us that the manager was approachable and supportive. Comments shared by staff regarding staffing levels are discussed in the body of the report. It was evident that staff promoted the dignity and well-being of residents by knocking on doors before entering and offering personal care to residents discreetly.

Whilst the care in Seymour Gardens was found to be effective and compassionate, concerns were identified relating to managerial oversight and governance systems in place within the home. Due to the deficits identified regarding the lack of robust governance arrangements in place in the home, the Responsible Individual and the manager were invited to a teleconference meeting with RQIA on 12 June 2024. Representatives of the responsible individual; Mrs Valerie Devine, Assistant Director for Care and Accommodation and Jane White, Head of Care, Accommodation and Governance provided assurances at the meeting regarding the actions taken and the plans in place to address the deficits identified on inspection.

Six new areas requiring improvement were identified relating to; agency staff registration with the Northern Ireland Social Care Council (NISCC), call bells, Control of Substances Hazardous to Health (COSHH), the Fire Risk Assessment, reporting of accidents/incidents and managerial audits.

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

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.

Questionnaires 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 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.

4.0 What people told us about the service

Residents who were able to make their wishes known provided positive feedback about their experience residing in the home. Comments included; “I love it in here, the staff are all brilliant; I can ask for anything.” Another resident said, “I have no complaints at all.” Other residents who were not able to make their wishes known, appeared to be comfortable in their surroundings. Generally, residents told us they were happy with the food and the overall cleanliness of the environment.

Staff told us they enjoyed working in the home and that they received good support from the manager. One staff member said, “I love it in here, the manager is very friendly.” Staff told us they worked well as a team and that they could approach the manager for support if they felt it was required.

One relative spoken with, told us they were very happy with the care their loved ones were receiving in the home and said, “it is like a home away from home.” Relatives said they were satisfied that the environment was kept clean and tidy and that there were activities available for residents if they wished to participate in these.

No questionnaires were received from residents or relatives within the identified timeframe following the inspection. No staff completed the online survey within the identified timeframe following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 29 February 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 20 (1) (b) **Stated:** First time	The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed, and be made available for inspection.	**Carried forward to the next inspection**

	Action required to ensure compliance with this regulation was not reviewed as part of this inspection as there were no staff recruited since the last inspection. This has been carried forward for review at the next inspection.	
Area for improvement 2 **Ref:** Regulation 20 (1) (c) (ii) **Stated:** First time	The registered person shall ensure systems in place to monitor staff's compliance with NISCC registration are robust in identifying those staff who require renewal and is inclusive of all staff members.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. However, a new area for improvement has been identified regarding the managers monitoring of NISCC registration for agency staff. This is discussed in section 5.2.1 & 6.0.	
Area for improvement 3 **Ref:** Regulation 19 (1) (a) Schedule 3 (k) **Stated:** First time	The registered person shall ensure a contemporaneous record is kept of the care delivered to each individual resident, with particular reference but not limited to: • Nail care • Oral hygiene • Personal care	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met; personal care records for residents continued to have gaps regarding daily care delivery. This will be stated for a second time.	
Area for improvement 4 **Ref:** Regulation 13 (1) (a) and (b) **Stated:** First time	The registered person shall ensure that post falls protocol is implemented appropriately to include the recording of observations, risk assessments and care plans.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met; falls documentation was not always updated following each fall, for example; care plans and risk assessments. This will be stated for a second time.	

Area for improvement 5 **Ref:** Regulation 27 (4) (d) (i) and (v) **Stated:** First time	The registered person shall ensure the practice of wedging or propping fire doors is ceased immediately. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Area for improvement 6 **Ref:** Regulation 29 (5) (a) **Stated:** First time	The registered person shall ensure that a copy of the monthly monitoring report is maintained in the home and made available for inspection. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met.	**Met**
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 6.2 **Stated:** Second time	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. **Action taken as confirmed during the inspection**: There was evidence that this area for improvement was met. A discussion took place with the manager to ensure care plans relating to DOL safeguards which were no longer active required archived. This will be reviewed at a future inspection.	**Met**
Area for improvement 2 **Ref:** Standard 23.3 **Stated:** First time	The registered person shall ensure that staff are up to date with their mandatory training requirements relevant to their role. **Action taken as confirmed during the inspection**: There was evidence of a system in place to monitor staff's compliance with mandatory training and improvements had been noted. However, training compliance continued to require further improvement, for example; fire training and first aid. A discussion took place with the manager, this area for improvement	**Partially met**

	has been partially met and will be stated for a second time.	
Area for improvement 3 **Ref:** Standard 13 **Stated:** First time	The registered person shall ensure that the home provides a structured programme of activities and that a record is maintained of all activities that take place.	**Met**
	Action taken as confirmed during the inspection: There was evidence of a structured programme of activities for residents in place and this was recorded to evidence resident's engagement. This area for improvement has been met as written. A discussion took place with the manager to review the current format that the programme of activities is displayed to ensure this is suitable for the registered category of care. This will be reviewed at a future inspection.	
Area for improvement 4 **Ref:** Standard 16.6 **Stated:** First time	The registered person shall ensure that RQIA are notified regarding all incidents relating to Adult Safeguarding.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. An area for improvement had been identified at the last care inspection on 19 October 2023. No new staff have been recruited from this time; therefore, this area for improvement was not reviewed and this is carried forward to the next inspection.

There was evidence of systems in place to monitor staff's compliance with registration on the Northern Ireland Social Care Council (NISCC). It was evident that staff employed directly by the home who were required to be registered with NISCC had this in place. However, it was not always evident that those staff who were employed by the home through an agency, were registered with NISCC. A new area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the level of communication between staff and management. Staff generally told us there was enough staff on duty to meet the needs of the residents. 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. Other comments shared by staff regarding staffing levels were shared with the manager for action and review. This will be reviewed at a future inspection.

The staff duty rota accurately reflected 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.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents who were able to make their wishes known told us the staff were supportive and attentive to their needs. One resident said, "the staff are all brilliant." Residents appeared comfortable in their interactions with staff.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. A discussion took place with the manager to ensure there are systems in place to safely monitor the management of these restrictions. This is discussed further in section 5.2.5.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

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.

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 residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were not always completed in full and did not always reflect the care delivered to residents with gaps evident, for example; personal care and nail care delivery.
This was discussed with the manager during feedback and an area for improvement was stated for a second time.

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 resident, 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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and fresh smelling. Communal areas were bright and spacious. There was evidence of some wear and tear to the paintwork in the sensory room as well as lack of sensory facilities available. A discussion took place with the manager who confirmed this had been identified as an area which required refurbishments and discussions were taking place with the management team to progress these refurbishments. This will be reviewed at a future inspection.

The staff were observed cleaning resident's mobility aids and the feedback received from residents and relatives was that the home was kept clean and tidy.

Residents' bedrooms were generally personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence of resident's toiletries not always stored appropriately and the hair salon was unlocked and accessible to residents. This was addressed immediately by staff and a discussion took place with the manager. An area for improvement was identified.

There was evidence of call bells in place in resident's bedrooms, however call bell leads were not accessible to residents. Staff told us there was a system in place to respond to call bells, however this was not evident during the inspection. A discussion took place with the manager and an area for improvement was identified.

A Fire Risk Assessment was completed by an accredited fire risk assessor on 14 April 2024. It was evident that some of the actions identified during the previous fire risk assessment had not been completed and this was identified as requiring addressed as part of the new action plan. A discussion took place with the manager to ensure actions identified as part of the fire risk assessment require completed within the identified timeframes. An area for improvement was identified.

There was evidence of systems in place to monitor staff's attendance at annual fire drills.

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 (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Managerial oversight of staff compliance with PPE and hand hygiene was not regularly reviewed and monitored, this is discussed further in section 5.2.5.

5.2.4 Quality of Life for Residents

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year.

The home was warm and welcoming with staff visible completing their duties in a compassionate and dignified manner. Discussion with residents confirmed they were able to choose how they spent their day, for example; could have a lie in or stay up late to watch television.

The hairdresser was in attendance throughout the inspection. Residents who were availing of the service provided positive feedback about the hairdresser and the overall experience.

Residents who were able to make their wishes known told us they enjoyed the activities that were made available in the home, for example; bingo. However, some residents said more activities would be of benefit. The staff told us they are responsible for facilitating activities and on occasion there were time restraints in facilitating these. A discussion took place with the manager for action and review. This will be reviewed at a future inspection.

There was evidence of a structured programme of activities in place, for example; bingo, skittles, reminiscence work and armchair aerobics. Visitors to the home told us there were activities available to the residents however, sometimes their relative would not get involved as their own personal preference.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Jacqueline McElhinney has been the manager in this home since 1 December 2023. The manager is currently progressing her application to register as manager with RQIA.

There was evidence of a system of auditing in place to monitor the quality of care and services provided to residents, however the audits in place were not completed consistently and were not robust to ensure that all services were kept under review on a regular basis. For example; hand hygiene and restrictive practice audits were not completed. A discussion took place with the manager and an area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Western Health and Social Care Trust (WHSCT) Designated Adult Protection Officer (DAPO), Gavin Hamilton was identified as the appointed safeguarding champion for the home. It was established that there were systems in place to manage the safeguarding and protection of adults at risk of harm, however the manager did not have a system in place to monitor and review the adult safeguarding referrals which were completed in the home. A discussion took place with the manager and this will be reviewed at a future inspection.

Residents who were able to make their wishes known and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these appropriately.

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.

The system in place to monitor accidents and incidents that happened in the home evidenced that these had been reported appropriately to the relevant trust, however, did not always evidence that these had been reported to residents next of kin, general practitioner (GP) and RQIA. A discussion took place with the manager and an area for improvement was identified.

There was a system in place to manage complaints, the manager told us that complaints were seen as an opportunity for the team to learn and improve.

Staff commented positively about the manager and described her as approachable and supportive. One staff member told us, "the manager is brilliant, very approachable. This is the best teamwork in a place I've ever been."

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. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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 were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	6*	4*

* the total number of areas for improvement includes two regulations and one standard that have been stated for a second time and one regulation which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacqueline McElhinney (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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (1) (a) Schedule 3 (k) **Stated:** Second time **To be completed by:** 19 November 2023	The registered person shall ensure a contemporaneous record is kept of the care delivered to each individual resident, with particular reference but not limited to: • Nail care • Oral hygiene • Personal care Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: All care staff have been reminded to provide an accurate, timely and detailed account of the care delivered. Guidance issued to Care staff to support their recording and to ensure person centred care is reflected in the daily notes. This area will be monitored as part of the monthly provider visit.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) and (b) **Stated:** Second time **To be completed by:** 19 November 2023	The registered person shall ensure that post falls protocol is implemented appropriately to include the recording of observations, risk assessments and care plans. Ref: 5.1
	Response by registered person detailing the actions taken: All care staff have been reminded of the necessity to ensure that the falls protocol is fully implemented and any queries are to be raised immediately. The registered manager will monitor and review the application of the falls protocol and take action as appropriate. This area will also be monitored as part of the monthly provider visit.

Area for improvement 3 **Ref:** Regulation 20 (1) (b) **Stated:** First time **To be completed by:** 19 November 2023	The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed, and be made available for inspection. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Regulation 21 (4) (b) **Stated:** First time **To be completed by:** From the date of inspection (3 June 2024)	The registered person shall ensure that the systems in place to monitor pre-employment checks for those staff employed through an agency, ensure staff are appropriately registered with NISCC. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered manager has a new system in place to ensure all agency staff have the relevant checks completed and are registered with NISCC/NMC as appropriate.
Area for improvement 5 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** From the date of inspection (3 June 2024)	The registered person shall ensure that all parts of the residential home to which residents have access are kept free from hazards to their safety, this is with specific reference to; • The safe storage of toiletries and, • The hairdressing salon Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have been reminded of the necessity to ensure that the hairdressing room is kept locked at all times. All staff have been reminded of the necessity to ensure that all toiletries are stored safely when not in use. The registered manager will monitor the adherence of this by staff and take any necessary actions as required.
Area for improvement 6 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** From the date of inspection (3 June 2024)	The registered person shall ensure all notifiable events are reported to RQIA and other relevant bodies within a timely manner. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Registered manager has held a meeting with the Band 5 staff to review the reporting of incidents, and to ensure that all

	notifications were made including NOK GP and SW. Discussion included review of the incidents that are required to be notified to RQIA. The Registered manager also has a system in place to review any incident that occurs and will check that all relevant individuals are notified as appropriate. Incident reporting will also be reviewed as part of the monthly provider visit.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 23.3 **Stated:** Second time **To be completed by:** 19 November 2023	The registered person shall ensure that staff are up to date with their mandatory training requirements relevant to their role. Ref: 5.1 **Response by registered person detailing the actions taken:** All staff have been alerted to any outstanding training requirements and have instructions to complete as soon as possible. The registered manager will monitor and review progress of this and take action as appropriate. Training compliance will also be reviewed as part of the monthly provider visit.
Area for improvement 2 **Ref:** Standard 20 **Stated:** First time **To be completed by:** From the date of inspection (3 June 2024)	The registered person shall ensure that a system is in place to monitor call bells and ensure these are responded to appropriately by staff. Ref: 5.2.3 **Response by registered person detailing the actions taken:** The registered manager will put a system in place to monitor call bells, all staff have been reminded to respond promptly to any call bell being activated. The HOS will complete a review of the full system with estates colleagues and take forward any actions as needed.
Area for improvement 3 **Ref:** Standard 29.1 **Stated:** First time **To be completed by:** 1 July 2024	The registered person shall ensure the actions identified on the fire risk assessment are completed within the identified timeframes as outlined by the fire risk assessor. Ref: 5.2.3

	Response by registered person detailing the actions taken: The registered manager has progressed all outstanding actions identified on the fire RA and will sign off when complete on the action plan. This will be monitored during the monthly provider visits.
Area for improvement 4 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 July 2024	The registered person shall ensure working practices in the home are systematically audited to ensure they are consistent and evidence managerial oversight of the day to day services provided by the home. Ref: 5.2.5
	Response by registered person detailing the actions taken: The registered manager alongside the HOS will put a system in place to ensure that audits are completed consistently and timely to ensure managerial oversight and governance within the home. This will also be monitored during the monthly provider visits.

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

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