

Inspection Report

Name of Service: Seymour Gardens

Provider: Western Health and Social Care Trust

Date of Inspection: 20 May 2025

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

1.0 Service information

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| Organisation/Registered Provider: | Western HSC Trust |
| Responsible Individual: | Mr Neil Guckian |
| Registered Manager: | Mrs Jacqueline McElhinney – not registered |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to 21 residents living with dementia.</p> <p>There are a range of communal areas throughout the home and residents have access to an enclosed garden.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 20 May 2025, between 10.10 am and 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. One other area for improvement has been stated again for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with who were able to make their wishes known provided positive feedback about their experiences residing in the home. Some of the comments shared by residents included; "I love it in here, you come down in the morning, sit and relax" and "I love it, everyone is so friendly." Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Visitors and families spoken with provided positive feedback about their experiences when visiting the home and said the care delivery was of a good standard. Some of the comments shared included; "The staff treat us and our relative very well, our relative is very well looked after and the home is immaculate."

A questionnaire returned by relatives provided positive feedback about the care delivery in the home. Some of the comments shared included, "the staff are very good and caring to visitors and patients."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff responded promptly to call bells and there was enough staff on duty to provide activities.

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. For example, a staff member was observed playing a game of draughts with a resident in the lounge area which other residents were playfully involved in.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routines, wishes and preferences. Throughout the day staff observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referral to residents GP or for physiotherapy. There was evidence of improvements in record keeping and documentation after a resident had a fall. However; further improvements were evidenced as required when recording post fall observations. The previous area for improvement was met and a new area for improvement was identified.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was evident that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff were knowledgeable of residents' International Dysphagia Diet Standardisation Initiative (IDDSI) levels and it was evident that residents received the correct diet. However, there was evidence of inconsistencies in the recording of residents IDDSI levels across different records. This is discussed further in section 3.3.3.

The importance of engaging with residents was well understood by the manager and staff. There was evidence of staff supporting residents with one to one activities and residents engaging with their chosen activity, such as; reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and shared with residents, families and staff advising of future events.

Residents' needs were met through a range of individual and group activities such as; board games, hand massage, hairdressing, one to one reading or reminiscence therapy.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. There was evidence that activity assessments were not regularly reviewed. The manager provided assurances these would be reviewed following the inspection and kept under ongoing review.

Records were maintained on a number of different formats to identify those residents who required a modified diet, for example; kitchen records, handover information and care plans. It was evident that the documentation in place for kitchen staff and handover information did not always accurately reflect the correct IDDSI levels for residents. Residents received the correct diet at the time of inspection and assurances were provided by the manager that these records were amended on the day of inspection. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Communal areas and residents' bedrooms were clean, neat and tidy. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. There were 'homely' touches throughout the home, such as; flowers, newspapers, magazines, snacks and drinks available.

There was evidence of some wear and tear throughout the home, for example; paintwork was patchy in areas and skirting boards were chipped or marked. Assurances were provided by the manager that an environmental audit had been completed by the Trust's estates department and plans were being drawn up to develop an action plan to address these deficits. This will be reviewed at a future inspection.

Residents' toiletries were generally stored in locked cabinets in residents' bedrooms, however; there were a small number of toiletries accessible in some residents' rooms where this had been risk assessed and managed. Assurances were provided by the manager that a further risk assessment would be completed to identify any potential risks to other residents within this registered category of care.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Mrs Jacqueline McElhinney is the manager in Seymour Gardens. Residents, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents. Residents and their relatives spoken with said that they knew how to report any concerns/complaints and said they were confident that the manager would address their concerns.

The home was visited on a monthly basis by a representative of the registered provider. There was evidence these reports were available and maintained in the home. There was not always evidence of relative's/visitors feedback included in the reports. This was shared with the manager for review and action.

Compliments were recorded and shared with the staff team, this is good practice. The compliments included cards and letters sharing positive feedback about the staff and care delivery in the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1* | 2 |

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacqueline McElhinney, Manager and Jane White, Head of Service, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 30 Stated: Second time To be completed by: 3 June 2024 | <p>The registered person shall ensure all notifiable events are reported to RQIA and other relevant bodies within a timely manner.</p> <p>Ref: 2.0</p> <p>Response by registered person detailing the actions taken: All staff are aware and have been reminded of the requirement to complete relevant notifications, this has also been discussed with the B5 staff and a practice note will be issued for staff to read and sign to reinforce the importance of same. This will also be revisited at all B5 team meetings and supervisions going forward. The manager/HOS will carry out audits to ensure compliance is met. This will also be reviewed during Provider Visits.</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022) | |
| Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 27 May 2025 | <p>The registered person shall implement a system to monitor post falls record keeping to ensure this is completed fully and completely in line with the home's policies and procedures and evidence action taken were gaps are identified.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All staff are aware and have been reminded of the requirement to complete post falls paperwork, this has also been discussed with the B5 staff and a practice note will be issued for staff to read and sign to reinforce the importance of same. This will also be revisited at all B5 team meetings and supervisions and any non-compliance will be investigated. The manager/HOS will carry out audits to ensure compliance is met. This will also be reviewed during Provider Visits.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2025</p> | <p>The registered person shall ensure the recording of residents' IDDSI levels are consistent across all documentation and reflective of individual's assessed need. This is with specific reference to the dietary records held by kitchen staff and handover records.</p> <p>Ref: 3.3.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A new system of recording dietary requirements, allergies and meal choice is being developed and trialled within the home which will ensure all relevant parties have up to date and accurate details of each resident's individual needs. This will include the Kitchen staff and be available for handover.</p> |

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