



Secondary Unannounced Care Inspection

Name of Establishment: Seymour Gardens
Establishment ID No: 1221
Date of Inspection: 16 May 2014
Inspector's Name: John McAuley
Inspection No: 17541

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Seymour Gardens
Address:	Nelson Drive Waterside Londonderry BT47 6ND
Telephone Number:	02871344470
E mail Address:	deirdre.walker@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western Health and Social Care Trust Mrs Elaine Way
Registered Manager:	Ms Deidre Walker
Person in Charge of the home at the time of Inspection:	Mrs Kathleen Doherty Senior Care Assistant then joined by the registered manager from 10.30am
Categories of Care:	RC - DE
Number of Registered Places:	26
Number of Residents Accommodated on Day of Inspection:	23
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	Unannounced inspection on 12 December 2013
Date and time of inspection:	16 May 2014 10am – 1.20pm
Name of Inspector:	Mr John McAuley

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard 9: Health and Social Care.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Seymour Gardens Residential Home operates in a two storey building, situated in its own fully enclosed, fenced grounds within the Western Health and Social Care Trust area. The small, upper floor is used mainly as office and meeting space and is not accessed by residents. The home is located in a residential area in the city of Londonderry. Accommodation includes 26 bedrooms, four communal sitting rooms, a dining room, a kitchen, multi-sensory room, activity room, office space, staff room and a laundry.

There are attractive and spacious garden areas around the home with suitable seating for residents, paths with handrails, a number of mature trees and several raised flowerbeds. There is ample car parking space at the front of the home.

SUMMARY

This inspection to Seymour Gardens was a secondary unannounced inspection which was conducted by an inspector from RQIA on 16 May 2014 from 10:00 to 13:20.

On arrival to the home the inspector was met by Mrs Kathleen Doherty Senior Care Assistant who was in charge. Shortly after this the inspector was joined by the Registered Manager Ms Deirdre Walker, who was readily available for clarification and discussion, including verbal feedback of inspection findings at the conclusion.

The previous inspection to the home was an unannounced inspection on 12 December 2013. Two requirements and one recommendation were made in the quality improvement plan, as a result of that inspection. A review of these requirements and recommendation found these to be addressed on a satisfactory basis, as detailed later in this report.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. A review of this standard found good evidence to confirm that the health and social care needs of residents were fully addressed. This evidence was obtained via review sample of residents' care records, stakeholder consultations, and general observations of care practices. The review of residents' care records confirmed that the contact details of aligned health care professionals were maintained and that issues of assessed need have a recorded statement of care / treatment given with effect of same. Discussions with staff on duty at the time of this inspection confirmed their knowledge and understanding of residents' assessed needs and prescribed care and interventions.

This standard has been overall assessed as compliant.

Additional Areas Examined

Stakeholder Consultation

During the course of this inspection, the inspector met with residents, three visiting relatives, and staff on duty. All spoke with positive regard to the provision of care, the support received from staff and the overall environment. Details of such consultation are discussed later in this report.

No concerns were expressed or indicated.

Care practices

Discreet observations throughout this inspection evidenced residents being treated with dignity and respect. Care duties and tasks were undertaken in an organised, unhurried manner. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

General Environment

The home was found to be clean and tidy at the time of this inspection with a good standard of décor and furnishings being maintained.

One requirement was made as a result of this inspection in relation of notification of accidents / incidents as discussed later in this report.

The inspector would like to acknowledge the support and assistance received throughout this inspection from residents, staff and registered manager.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	27 (2) (t)	<p>The registered manager shall, having regard to the number and needs of residents ensure that –</p> <p>(t) A risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in respect of ensuring that all radiators / hot surfaces in the home must be risk assessed in an individual basis, in accordance with current safety guidelines with subsequent appropriate action. This risk assessment needs also to take account of the location of the radiator / hot surface and the risk of falls with the resident in relation to this location.</p>	<p>Individual risk assessments pertaining to radiators / hot surfaces have been put in place. The registered manager reported that there is liaison with the estates department regarding the control of radiator temperatures and such is in consultation with the home's aligned estates inspector.</p>	<p>Compliant</p>
2.	20 (1) (a)	<p>The registered person, shall having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-</p> <p>(a) Ensure that at all times suitably</p>	<p>A review of resident dependencies set against the actual care staffing provision has taken place, with subsequent actions taken. General observations at the time of this inspection, together with stakeholder consultations, found the staffing levels to be appropriate for the needs and numbers of</p>	<p>Compliant</p>

		<p>qualified, competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of residents.</p> <p>Reference to this is made in respect of inspection findings on 12 December 2013, that there needs to be a comprehensive review of residents' dependencies set against actual care hour provision over a 24 hour basis, with subsequent appropriate action.</p>	<p>residents accommodated.</p>	
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	20.10	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action taken when necessary.</p> <p>Reference to this is made in that there needs to be put in place a monthly audit / analysis of all accidents to identify trends / patterns and then put in place an action plan to address findings from same.</p>	<p>A monthly audit / analysis of all accidents are in place, with an action plan to address any findings from same.</p>	<p>Compliant</p>

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
A review of a sample of five residents care records confirmed that contact details of the residents' aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff on duty, together with a review of residents' care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately. Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
The home maintains a matrix of dates of residents' health care screening and appointments with aligned health care professionals.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations at the time of this inspection, found that residents, aids, appliances and personal equipment were maintained appropriately to provide maximum benefit for the resident.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

The inspector met with fifteen residents. In accordance with their capabilities all confirmed / indicated that they were content and happy, and that they receive kindness and support from staff.

No concerns were expressed.

Staff views

The inspector met with five members of staff of various grades on duty. All spoke in a positive basis of the provision of care, their roles and duties, teamwork, provision of training and managerial support. Staff also informed the inspector that the morale had improved greatly since the positive review of staffing levels that was undertaken since the previous inspection.

No concerns were expressed.

Relatives' views

The inspector met with four visiting relatives. All were very complimentary about the provision of care, the attitudes of staff and the overall atmosphere in the home.

Some of the comments included statements such as;

“There are never any problems; the staff are all very friendly”

“It is a great home, thank goodness for it”

“My mother is very well looked after I have no worries”

No concerns were expressed.

General environment

The home was found to be clean and tidy at the time of this inspection. Décor and furnishings were of a good standard, although there were a number of chairs in one of the lounges that were heavily worn and lacked comfort. The registered manager acknowledged this and was able to confirm that replacement of these chairs is underway.

Accident / incident reports

A review of the accident / incident reports from April 2014 was undertaken. The majority of these were of a very minor nature. However it was identified that accidents / incidents where a resident sustains bruising and in particular facial bruising needs to be notified to RQIA accordingly. A requirement has been made in respect of such notifications.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Ms Deirdre Walker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Seymour Gardens

16 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Registered Manager Ms Deirdre Walker either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

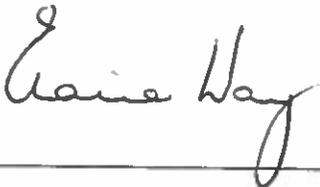
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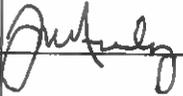
Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	30(1)(f)	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of – (f) any accident in the home</p> <p>Reference to this is made in that occurrences of bruising must be appropriately reported.</p>	One	The registered person has informed all staff of the importance of ensuring that appropriate staff complete a notifiable events form (1a) to RQIA in the event that a resident has evidenced an occurrence of bruising. Staff currently forward this information via Datix to risk management department within the Trust, however, in going forward, all bruising identified will also be forwarded to RQIA	18 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Deirdre Walker
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		28/7/14
Further information requested from provider			