



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment and ID: Seymour Gardens (1221)
Date of Inspection: 18 November 2014
Inspector's Name: John McAuley
Inspection ID: IN017540

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Seymour Gardens (1221)
Address:	Nelson Drive Waterside Londonderry BT47 6ND
Telephone Number:	02871344470
Email Address:	deirdre.walker@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Western Health and Social Care Trust
Registered Manager:	Ms Deirdre Walker
Person in Charge of the Home at the Time of Inspection:	Mrs Sandra Gallagher – proposed acting registered manager
Categories of Care:	RC - DE
Number of Registered Places:	26
Number of Residents Accommodated on Day of Inspection:	23 plus 2 residents in hospital
Scale of Charges (Per Week):	Trust rates
Date and Type of Previous Inspection:	Secondary unannounced 16 May 2014
Date and Time of Inspection:	18 November 2014 10am – 2.20pm
Name of Inspector:	John McAuley

2.0 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 primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the proposed acting registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents and two visiting relatives
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	15
Staff	6
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	12	4

6.0 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 DHSSPS Residential Care Homes Minimum Standards; 10 - Responding to Residents' Behaviour and 13 - Programme of Activities and Events.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have 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.

7.0 Profile of Service

Seymour Gardens Residential Care home is situated in Nelson Drive estate in the Waterside area of the city of Londonderry.

The residential home is owned and operated by the Western Health and Social Care Trust. The current registered manager is Ms Deidre Walker who was a previous registered manager for the home and is the Head of Accommodation and Care but is fulfilling the registered manager's role until a permanent one can be recruited. Recently Mrs Sandra Gallagher has been proposed to take on this role and an application has been submitted to RQIA for this.

Accommodation for residents is provided single rooms on a ground floor level.

Communal lounges and a dining area are provided the ground floor.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 26 persons under the following categories of care: Residential Care and DE – Dementia.

8.0 Summary of Inspection

This primary unannounced care inspection of Seymour Gardens was undertaken by John McAuley on 18 November 2014 between the hours of 10am and 2:20pm. The proposed acting registered manager Mrs Sandra Gallagher was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one requirement made as a result of the previous inspection on the 16 May 2014 was also examined. Review of documentation and discussions demonstrated that this requirement has been addressed within timescale. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and two visiting relatives, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restrictive practises is not used other than the security of the doors for care of dementia, which was done in an unobtrusive manner. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The acting registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and / or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that the home was compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employs an activity coordinator with staff support on the provision of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that the home was compliant this standard.

8.3 Stakeholder Consultation

During the course of the inspection the inspector met with residents, staff and two visiting relatives. Questionnaires were also issued for completion by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, and their relationship with staff. Two visiting relatives expressed their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff on duty confirmed that they felt a good standard of care was provided and that they felt supported with a good provision of training. The only issue of concern expressed was in respect of care staffing levels in the mornings which staff felt did not meet the increased dependencies of residents. A requirement has been made for a review of these to be put in place.

Twelve staff questionnaires were issued at the time of this inspection. Comments received were all positive with no concerns raised.

Comments received from residents, relatives and staff are included in section 11.0 of the main body of the report.

8.4 Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. Care duties and tasks were organised and carried out in an unhurried pace. However care staff were found to be exceptionally busy with residents' personal care needs, bed making and nutritional care, as well as other aligned care duties.

8.5 Environment

The home was found to be clean and tidy with a good standard of décor and furnishings maintained.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and one recommendation were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and management for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the requirement Issued as a Result of the Previous Inspection on 16 May 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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>	A review of the home's accident and incident reports since the previous inspection confirmed that due notification has been completed.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment Each residents usual conduct, behaviours and means of communication should form an integral part of their care plan. This information is provided on initial admission and monitored regularly. This ensures that staff have a full understanding of these needs and how to respond in positive ways to promote positive outcomes for individual residents.	Compliant
Inspection Findings: The home has a policy and procedure on responding to residents’ behaviours and behaviours that challenge. Staff have also received training in this. A review of this policy and procedure found had reference to Human Rights Legislation and implications of restrictive practices. Discussions with care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents’ behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents’ assessed needs, which were also found to correspond with the sample of five residents’ care records reviewed on this occasion.	Compliant

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment If a resident presents with behaviours that are uncharacteristic and concerning, staff will seek to understand possible reasons for this behaviour such as infection, environmental changes etc. The manager of the facility will monitor the situation through use of daily kardexs, behavioural analysis forms etc. When necessary, staff will make contact with relevant professionals for advice and guidance such as G.P., Challenging Behaviour Team, Psychogeriatrician etc to ensure needs are being met. Equally staff liaise with family members / representatives who may be of benefit to the individual who is experiencing uncharacteristic behaviours.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of residents’ care records confirmed in general that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>As this is a Dementia unit, it is very important for all staff to be fully updated on all aspects of individuals care plans to ensure a consistent approach or response from staff. All care plans are updated as needs arise and these updates are communicated during handovers. Residents are fully involved where possible in their care plans to keep them updated with staff approaches. When this is not possible due to inability to understand due to cognitive difficulties, the residents representative is fully informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident's, representative, through a signature.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff would undertake a specific behaviour management programme under the advice and direction of appropriately trained professionals such as challenging Behaviour Nurse. This management programme would be incorporated into the residents care plan and communicated to all relevant staff to ensure a consistent approach.</p>	Compliant
<p>Inspection Findings:</p>	
<p>There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with staff would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.</p>	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment When a specific behaviour management programme has been put in place by a professional for any resident, staff are given appropriate support, guidance and training by the Challenging Behaviour team to ensure plan is implemented correctly and consistently. This is then monitored by both manager within the home and Challenging Behaviour team.</p>	Compliant
<p>Inspection Findings: Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment If an incident was managed outside a residents agreed care plan, this would be recorded and reported to all relevant professionals such as Care Manager, Challenging Behaviour team, RQIA etc and to residents representative. Following any such incident the residents individual care plans and risk assessments would be updated on advice following a multi disciplinary review.</p>	Compliant
<p>Inspection Findings: A review of accident and incident records from 1 August 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA. A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals. Discussions with the acting registered manager and the senior care assistant evidenced that where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff within Seymour Gardens adhere to the Trusts and regional restraint policies to guide such practices. In instances whereby restraint may be used, all appropriate professionals would be involved and records maintained. Restraint is not being used in the care of any residents currently residing in Seymour Gardens.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The home has a policy and procedure on restraint. Discussions with the staff confirmed and general observations confirmed that there are no aspects of restraint used in the home, other than the security of the doors, which is documented in the home's Statement of Purpose. Staff were aware of the issues surrounding governance of same.</p>	Compliant

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	Compliant

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
As Seymour Gardens is a residential dementia unit, there is a flexible programme of activities. This programme takes into account the various interests of the current group of residents. Staff have identified interests through, family feedback, talking with residents and individual activity assessments and strive towards ensuring these interests are provided for, as much as possible, within current activity programme.	Compliant
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of five residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with staff at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with the activities co-ordinator and management.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment The current programme of activities endeavours to incorporate all the above criterion. Seymour Gardens have a strong link with a variety of community groups and projects which helps to ensure they are an integral part of the local community. The current programme focuses on promoting healthy living and strives to be responsive to the changing needs of the person with dementia.	Compliant
Inspection Findings: A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis. Daily newspapers were provided for and there were memory aid date boards and working clocks. The choice of music played on the radio which was piped through the corridors was not in keeping with the age group and tastes of the residents' accommodated, and was of a genre to a teenage age group. A recommendation has been made for this provision to be acted on.	Compliant

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Seymour Gardens is a dementia unit and at times due to cognitive difficulties, some residents may not be able to verbally provide suggestions for activities. Staff work alongside with residents and representatives to identify areas of interest. Equally staff observe individual behaviours during activities to identify if they are enjoying them. Due to cognitive difficulties some residents may not be able to participate in group activities and therefore both the general staff and activity co-ordinator will provide one to one activities to ensure needs are met.</p>	Substantially compliant
<p>Inspection Findings: A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The programme of activities are displayed on various notice boards throughout the home. The boards are displayed throughout the main corridor areas which allows both residents and relatives the opportunity to be regularly updated on ongoing activities.</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in communal areas throughout the home. The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment To enable the residents to participate in any activity of their choice, any required equipment, aids or support from staff is always provided e.g. bingo - staff help residents to mark numbers, staff assist with arts and crafts</p>	Compliant
<p>Inspection Findings: The home a designated activities co-ordinator, who works over a five day period. Staff also facilitate with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group. The home has also spacious nicely appointed and adapted areas for residents to relax and benefit from.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment As Seymour Gardens is a residential home for people with dementia, staff identify individual needs and ensure activity shedule is planned around same to ensure consideration is given to the needs and abilities of participating residents. Staff ensure activities are carried out at a pace that suits residents, for example, if resident has poor concentration span the activity co-ordinator will provide a schedule of activities that are both interesting to the resident and short enough to hold their concentration to keep their interest. Equally activity worker would ensure group sessions are made up of residents with similar interests and capabilities.</p>	Compliant
<p>Inspection Findings: Discussion with care staff and the activities co-ordinator evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.</p>	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The home commissions activities and entertainment from outside providers at times. On these occasions the manager and activity co-ordinator always ensure that these providers are suitably qualified or experienced. A member of the homes staff is always present to supervise and assist with the activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The activities co-ordinator confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If an activity is provided by a contracted provider, prior to the activity staff will share appropriate information about any needs that may impact on activity to ensure the resident receives the best benefits from the activity. Following any such activities, staff will ensure they record how session went in the daily kardex by obtaining feedback prior to provider leaving.</p>	Compliant
<p>Inspection Findings:</p>	
<p>In discussion with staff, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.</p>	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment A record is kept in the home of all activities that have taken place. This record details the activity, who participated, who carried out activity and whether or not the resident enjoyed / benefited from activity.</p>	Compliant
<p>Inspection Findings: A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.</p>	Compliant
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The programme of activities is regularly reviewed on an ongoing basis. Where possible, views / ideas on activities are sought from residents / representatives via meetings and questionnaires.</p>	Compliant
<p>Inspection Findings: Discussions with the activities co-ordinator confirmed that the programme is reviewed on a regular basis based on the assessed needs of residents.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with a large number of residents during this inspection. In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

- “I like it here, very much”
- “no problems, I can’t complain”
- “I am very happy here”

No concerns were expressed or indicated.

11.2 Relatives/Representative Consultation

The inspector met with two visiting relatives at the time of this inspection. Both expressed their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No concerns were expressed or indicated.

11.3 Staff Consultation/Questionnaires

The inspector met with six staff members on duty at the time of this inspection. All spoke in a positive basis about the provision of care and training. Several staff members informed the inspector that they felt the care staff numbers did not meet the dependencies of residents as they felt these had increased recently.

Twelve staff questionnaires were distributed during this inspection. Of those returned in time for inclusion to this report, the feedback was positive with no concerns identified.

11.4 Visiting Professionals Consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care Practices

Discreet observations of care practises throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. There was found to be a nice atmosphere in the home with residents being facilitated with choice and fulfilment.

A programme of planned activities was in place, for which residents were found to be of benefit from.

Residents were observed to be well dressed, with good attention to personal appearance. Evidence was also in place to confirm that residents, continence management needs were attended to promptly and with sensitivity and dignity.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.8 General Environment

The home was found to be clean and tidy with a good standard of décor and furnishings maintained. Many of the residents' bedrooms were comfortable and nicely personalised. There were many spacious areas throughout the home, which were thoughtfully adapted to the benefit of residents' needs.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated October 2014. There were no recommendations made as a result of this assessment.

A review of the fire safety records confirmed that fire safety training was maintained on an up to date basis and there were a programme of fire safety checks maintained in the environment.

There were no obvious fire safety risks observed and all fire exits were unobstructed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. Care duties and tasks were organised and carried out in an unhurried pace. However care staff were found to be exceptionally busy with residents' personal care needs, bed making and nutritional care, as well as other aligned care duties.

Evidence was confirmed that the continence management of residents" was attended to promptly and with sensitivity.

Residents were found to be comfortable, content and at ease in their environment and interactions with staff.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sandra Gallagher, 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

Primary Unannounced Care Inspection

Seymour Gardens

18 November 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 (Mrs Sandra Gallagher) 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.

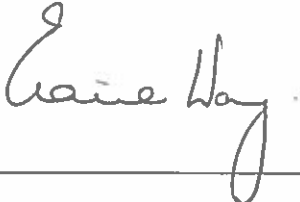
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.


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.

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.	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 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 that a review of the care staffing hours and workload must be put in place so it meets the assessed dependencies of residents.</p>	One	Staffing levels are currently in line with, and meet current dependency levels of residents within the home. This is reviewed on a regular basis. A working group has been established and they are looking at a possibility of changing shift patterns to utilise more staff in a more effective manner. This is an ongoing process at present.	18 January 2014

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	13.2	<p>The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p> <p>Reference to this is made in that the choice of radio station played for residents needs to be in keeping with their age group and taste.</p>	One	Seymour Gardens has a radio system which is played throughout the home. Staff will check regularly that this radio system is set at an appropriate station at all times that suits the choices and needs of all residents.	25 November 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sandra Gallagher
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.		21/2/15
Further information requested from provider			