

Unannounced Care Inspection Report 25 January 2017



Seymour Gardens

Type of service: Residential Care Home
Address: Nelson Drive, Waterside, Londonderry, BT47 6ND
Tel no: 02871344470
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Seymour Gardens took place on 25 January 2017 from 10:15 to 13:45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout this inspection in relation to adult safeguarding and infection prevention and control.

Two areas for improvement were identified in relation to this domain. One was for a review of staffing levels to be undertaken and the second was for a review of the access arrangements to the home to be implemented.

Is care effective?

There were examples of good practice found throughout this inspection in relation to general maintenance of care records and issues of assessed need having a recorded statement of care/treatment given and effect of same.

One area of improvement was identified in relation to maintenance of residents' profile details.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents and one visiting relative, and observations of care practices.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, management of complaints and accidents and incidents.

One area of improvement was identified in relation to training for staff in dementia.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline McCafferty, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 October 2016.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Elaine Way CBE	Registered manager: Jacqueline McCafferty
Person in charge of the home at the time of inspection: Jacqueline McCafferty	Date manager registered: 22 August 2016
Categories of care: DE - Dementia	Number of registered places: 26

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 15 residents, five members of staff of various grades, one visiting relative and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessment
- Staff training schedule/records

- Residents' care records
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 October 2016

The most recent inspection of the home was an announced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 9 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 9 September 2016	The registered person should revise and update the adult safeguarding policy and procedure in line with current guidance. In review of this, it needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home.	Met
	Action taken as confirmed during the inspection: This policy and procedure has been revised accordingly.	

<p>Recommendation 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2016</p>	<p>The registered person should revise and update the policy and procedure on accidents / incidents in line with current guidance and to include audits included in the Falls Prevention Toolkit as issued by the Public Health Agency.</p> <hr/> <p>Action taken as confirmed during the inspection: This policy and procedure has been revised accordingly.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 9 July 2016</p>	<p>The registered person should submit an action plan with timescales to the home's aligned estates inspector detailing how the five recommendations made on the fire safety risk assessment dated 20 October 2015 will be dealt with.</p> <hr/> <p>Action taken as confirmed during the inspection: This action plan has been submitted to the aligned estates inspector.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2016</p>	<p>The registered person should ensure that reports of monthly monitoring visits are made available on an up to date basis.</p> <hr/> <p>Action taken as confirmed during the inspection: These records were available on an up to date basis.</p>	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. Concerns were raised regarding staffing levels during discussion with staff, in that they felt the levels in the mornings did not meet residents' dependencies. An inspection of the dependency analysis identified a clear rise over the last three month period but staffing levels had not been reviewed accordingly. Observations of care practices identified that staff were busy attending to residents' dementia care needs.

Added to this staff had the extra pressure of answering the door to visitors which clearly impacted on their workload. A requirement was made for the staffing levels to be reviewed and acted on accordingly, particularly the morning shifts. The review must also take account of the layout of the home. In addition a recommendation was made for the access arrangements to the home to be reviewed so as to determine if there was a better option available which would have less impact on the workload of staff and inconvenience to visitors.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Inspection of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training of staff was regularly provided. A schedule for mandatory training was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of a completed staff competency and capability assessments was inspected and found to satisfactory.

The home's recruitment and selection policy and procedure is in line with the Western Health and Social Care Trust's which complies with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that the only restrictive practice employed within the home, were the locked doors. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

An inspection of the Statement of Purpose identified that restrictions were adequately described.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Many of the residents' bedrooms were personalised with photographs, memorabilia and personal items. Inspection of the internal identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

The home had an up to date fire risk assessment in place dated 25 October 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

Two areas for improvement were identified in relation to this domain. One was for a review of the staffing levels to be implemented and the second was for a review of the access arrangements to the home to be undertaken.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager and staff established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of residents' care records confirmed that these were generally maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. A significant number of records did not have up to date profile details such as the contact details of the resident's aligned health professionals. A recommendation was made for these to be put in place.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the

individual residents. Issues of assessed need had a recorded statement of care / treatment given and effect of same, which included referral to the appropriate health professional.

Residents' representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The registered manager also confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

One area of improvement was identified in relation to maintenance of residents' profile details.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The inspector met with 15 residents at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home and relationship with staff. Residents presented as being comfortable, content and at ease in their environment and interactions with staff.

The inspector also met with one visiting relative at the time of this inspection. This relative spoke with praise and gratitude for the care provided and the kindness and support afforded by staff.

Discussions with staff confirmed that they home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with staff also confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced in care records

where issues of assessed need such as pain had a recorded statement of care / treatment given and effect of same.

Discussion with residents, a visiting relative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were found to be friendly, warm and supportive. Staffs confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. One example of this was discretion in verbal handover of information.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Examples of this included staff assisting residents to rest when they appeared tired and answering queries from residents in respect of reassurance.

An appetising choice of dinner time meal was provided for in a nicely appointed dining room with appropriate supervision and support of staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

Discussion with staff, confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The registered manager confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and information on same displayed. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. However inspection of staff training records found that there was a significant number of staff that needed to receive training in dementia. A recommendation was made to this regard.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The most recent two reports were inspected and found to be appropriately maintained.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area of improvement was identified in relation to training for staff in dementia.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline McCafferty, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2017</p>	<p>The registered provider must ensure that the staffing levels are reviewed and acted on accordingly, particularly the morning shifts. This review must take account of the residents' dependencies and the layout of the home.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Officer in Charge and Head of Service have reviewed staffing levels. We are currently rostering 4 staff members on the floor from 8am - 1pm.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 25 May 2017</p>	<p>The registered provider should implement a review of the access arrangements to the home so as to determine if there was a better option available which would have less impact on the workload of staff and the inconvenience to visitors.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Officer in Charge is liaising with Philip Cunningham, (RQIA Inspector) and Estates Services (Western Trust) in relation to reviewing access arrangements to the home to determine if there is a better option available.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2017</p>	<p>The registered provider should ensure that residents' profile details are maintained on an up-to-date basis.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Officer in Charge has requested that Senior Carers complete the profiles for the residents for whom they have responsibility and keep updated as required. This has been completed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 25 May 2017</p>	<p>The registered provider should ensure that all care staff are in receipt of training in dementia.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Head of Service is currently negotiating with Senior Consultant in the Community Mental Health Team to provide training on dementia and challenging behaviour for staff. There is also ongoing negotiations about bringing the virtual dementia tour bus to Derry.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address