

Primary Announced Care Inspection

Service and Establishment ID: Seafort House (1526)

Date of Inspection: 4 December 2014

Inspector's Name: Alice McTavish

Inspection No: IN016876

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Seafort House
Address:	6 Queen Street Warrenpoint BT34 3HZ
Telephone number:	02841752200
Email address:	seaforthouse6@hotmail.co.uk
Registered Organisation/ Registered Provider:	Rhoda Elizabeth McDonald
Registered Manager:	Joanne McDonald
Person in charge of the home at the time of inspection:	Joanne McDonald
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	13
Number of residents accommodated on day of Inspection:	13
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Secondary unannounced inspection 9 September 2014
Date and time of inspection:	4 December 2014 10.00 am to 4.00 pm
Name of Inspector:	Alice McTavish

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 is required.

This is a report of a primary announced 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 registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff, relative and visiting professional
- Consultation with residents individually and with others in groups

- 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	7
Staff	2
Relatives	1
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	14	3

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 the following DHSSPS Residential Care Homes Minimum Standards:

- **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
- **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

A view of the management of resident's 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

Seafort House Residential care home is situated in Warrenpoint, Co. Down opposite a pleasant park and near the seafront. Seafort House is a short walk from a variety of local shops, hotels, restaurants and other amenities.

The residential home is owned and operated by Mrs Rhonda McDonald. Mrs Joanne McDonald is manager of the home and has been the registered manager since 1992.

Accommodation for residents is provided in three single rooms and five double rooms across the first and second floors with communal bathrooms throughout the building. Access to the first and second floors is via a passenger lift and stairs. A communal lounge and separate dining room are located on the ground floor and a small sitting room on the first floor. There is a large activity room leading to a garden on the ground floor along with a kitchen, laundry, storage facilities and office accommodation. Car parking is available on Queen Street to the front of the building.

The home is registered to provide care for a maximum of 13 persons under the following categories of care:

Residential care

LD	Learning Disability
LD (E)	Learning Disability – over 65 years

Seafort House provides day care only for people who reside in the home and this is provided in the separate designated day care / activity room.

8.0 Summary of Inspection

This primary announced care inspection of Seafort House was undertaken by Alice McTavish on 4 December 2014 between the hours of 10.00 am and 4.00 pm. Mrs Joanne McDonald was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendation made as a result of the previous inspection was also examined. Review of documentation, observations and discussions demonstrated that this recommendation had been addressed within the timescales specified by RQIA. The detail of the actions taken by Mrs Joanne McDonald can be viewed in the section following this summary.

Prior to the inspection, in July 2014, Mrs Joanne McDonald completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Joanne McDonald in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, a relative and one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

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 restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, 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 had received training in behaviours which challenge. A review of staff training records indicated that this training had not been delivered recently and a recommendation was made that refresher training is provided. See section 10, standard 10.1 of the report.

Staff members 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 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 Seafort House was compliant with this standard.

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. A recommendation was made, however, that the policy is reviewed. See section 10, standard 13.1 of the report.

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. Residents and 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 employed a day care activities coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources was available for use during activity sessions. Appropriate systems were in place to ensure that staff members who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

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

Resident, Representatives, Staff and Visiting Professionals' Consultation

During the course of the inspection the inspector met with residents, a representative, staff and one visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

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

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

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

No requirements and two recommendations were made as a result of the primary announced 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, relative, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 9 September 2014

No.	Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 9 (1)	Review all care records to ensure these contain details of residents' optometrist and dentist.	Examination of care records confirmed that these contain details of residents' optometrist and dentist.	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 All staff are made aware of how each resident usually behaves and communicates their needs through their individual careplans. Staff are required to continuously observe each residents behaviour and be aware that a change to their norm may be an indicator that something is annoying or upsetting them such as pain.	Compliant
Inspection Findings: The home had a policy and procedure titled 'Restraint Policy' dated June 2014 in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that all care staff had received training in behaviours which challenge titled 'Supporting People with a Learning Disability who present with Challenging Behaviour' in June 2010 which included a human rights approach. A recommendation is made that refresher training in managing challenging behaviour is provided to staff and scheduled to meet mandatory training requirements, detailed in RQIA guidance. A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments	Substantially compliant

were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

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: 10.2 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff are aware that uncharacteristic behaviour from a resident may be an indicator of pain or other upset. Staff will seek to identify the cause of uncharacteristic behaviour immediately it becomes evident monitoring where appropriate and taking immediate action where the behaviours are causing concern. The care staff report any changes in a resident to the senior staff on duty and appropriate action is decided upon. This is reported to the manager and an agreed plan of action is instigated with involvement of other professionals, etc, as deemed necessary.	Compliant
Inspection Findings: The 'Restraint Policy' dated June 2014 includes the following: <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Four care records were reviewed and identified that they contained the relevant information regarding the	Compliant

<p>residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with visitors and professionals confirmed that they had been informed appropriately.</p>	
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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: 10.3 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.	COMPLIANCE LEVEL
Provider's Self-Assessment The residents individual care plan gives clear direction of how staff should respond to specific behaviour from a resident ensuring a consistent approach from all involved in that residents care. It is also,if necessary and with the residents consent, shared with the residents family/ representative so that consistency can be maintained.	Compliant
Inspection Findings: A review of four care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

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: 10.4 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.	COMPLIANCE LEVEL
Provider's Self-Assessment When necessary the Behavioural Therapy Team are requested to give guidance to staff as to how to proceed with a specific behaviour from a resident. This is included in the residents careplan and reviewed at regular intervals.	Compliant
Inspection Findings: The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable

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: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment Where a Behaviour Management Program is in place all staff receive training, guidance and support in the implementation of that program. The program is reviewed regularly and advice is sought where staff find difficulty in following through the directives in the program. The behaviour therapy team work very closely with staff when a new program is commenced providing advice and guidance when queries arise.	Compliant
Inspection Findings: A review of staff training records evidenced that staff had received training in behaviours which challenge 'Supporting People with a Learning Disability who present with Challenging Behaviour' in June 2010. Training in epilepsy management had been provided in August 2014 and training in Makaton had been provided in September 2014. The registered manager confirmed that autism training is planned for January 2015. Staff confirmed during discussion that they felt supported and that the support ranged from the training provided, supervision and staff meetings.	Compliant

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: 10.6 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.	COMPLIANCE LEVEL
Provider's Self-Assessment A full multidisciplinary review of the residents care plan will be requested if an incident outside the scope of the current care plan occurs. If appropriate this will include the residents representative and any other relevant professionals who can offer assistance to the resident and the staff caring for them.	Compliant
Inspection Findings: A review of the accident and incident records from September 2014 to December 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. The visitor, professional and staff confirmed during discussion that when 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.	Compliant

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: 10.7 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Restraint will only be used as a last resort by appropriately trained staff to protect the resident or other persons when all other strategies have failed. Reports are kept of all instances where restraint is used.	Compliant
Inspection Findings: Discussion with staff, a visitor, professional and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful. A movement sensor is used on the bed of one resident in order to alert staff if the resident should require assistance. This has been supplied by the Trust and the use of this sensor is reviewed. Doors are locked at night as part of usual security measures. A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.	Complaint

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

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: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme of activities and events is drawn up in consultation with the residents. It provides positive outcomes for the residents and is based on the identified needs and interests of the residents.	Compliant
Inspection Findings: The home had a policy on the provision of activities, however, a recommendation is made that this is updated. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Substantially 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: 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 program of activities promotes healthy living, is flexible and responsive to residents changing needs. As stated in the statement of purpose the activities provided facilitate social inclusion in the local community and community events	Compliant
Inspection Findings: Examination of the programme of activities identified that social activities were organised each week day, in the evenings and at weekends. 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 community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Each week the residents discuss the activities of the week and are encouraged to contribute suggestions of how activities can be developed to increase their enjoyment.	Compliant
Inspection Findings: A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. There were no residents who generally stayed in their rooms. Residents and their representatives were also invited to express their views on activities by means of resident and relative questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment The program of activities is displayed in writing and using pictorial cards so that residents know what is scheduled. Each morning a resident is asked to write details of the days forthcoming activities and the daycare leader encourages any input of how to make it enjoyable.	Compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in the day room. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussion with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate large print and pictorial format to meet the residents' needs.	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: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment Residents are encouraged and enabled to participate in the activities program through the provision of equipment, aids and support from staff.	Compliant
Inspection Findings: The home employs a day care coordinator for 18 hours weekly during term time and for up to 24 hours at other times. Activities are provided for each evening and at weekends by care staff. The activity coordinator, care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, board and floor games, newspapers and magazines, DVDs, CDs and a Wii computer game. There is a designated budget to obtain materials and supplies. Residents use their own funds to purchase admission to events and to pay for taxis and the local Gateway Club also provides transport.	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: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment The duration of each activity and the daily timetable takes into account the diverse abilities, needs and interests of each resident.	Compliant
Inspection Findings: The activity coordinator, care staff, registered manager and residents confirmed 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 activities.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Currently the local Southern Regional College, Newry provides tuition to the residents one day per week during term times. Any person contracted-in is assisted/ monitored by the daycare worker to ensure that the person delivering the activity has the necessary skills to do so. This is reported back to the manager as are any concerns about the ability of the person to deliver an activity. Where necessary the person is asked to provide evidence that they have received instruction and obtained the necessary skills to competently deliver the activity.	Compliant
Inspection Findings: The registered manager confirmed that a tutor attends Seafort House on one afternoon weekly during term time to provide tuition in literacy and numeracy skills. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Where the needs of a resident have changed and this could impact on their ability to participate in an activity, the person delivering the activity is informed of these changes, any difficulties that these may bring prior to commencing their session and feedback is obtained either at the end of the session or at intervals during the session depending on the needs of the resident. A record of these changes is maintained within the residents daily records and incorporated into the care plan where necessary.	Compliant
Inspection Findings: The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment A record is kept in the daycare diary of all activities that take place, the person leading the activity where it is not the daycare worker and the names of those residents who participated and along with any other relevant information.	Compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents are in place in regard to photography and other forms of media.	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: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment The program of activities is reviewed at the end of spring time and again at the beginning of Autumn or more frequently if necessary.	Compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed in late September 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager, activity coordinator and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	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 Resident's consultation

The inspector met with three residents individually and with others in groups. Residents were observed in the course of participating in arts and crafts activities and relaxing in the communal lounge area. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "This is a great place to live. I love going out all the time."
- "I'm happy here."
- "I'm very busy during the week so I like to take it easy at the weekends."

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "(My relative) has a great time here, is always out and about, going out for meals, to social clubs. The staff keep (my relative) well occupied, they communicate well with family, are very attentive and get help from the G.P. if it is needed. The house is kept very clean and comfortable. It's like a big family for (my relative). (My relative) is very well looked after."

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of different grades and three staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "I love working here. I really enjoy the variety, the different challenges, the reward of supporting and being with the residents. It feels like living in a big family."

11.4 Visiting professionals' consultation

One recently retired medical professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “I find the care given by the staff to be excellent. They are a very committed staff team, very knowledgeable about the residents, they treat the residents like their own family; they are intuitive and deal with everything in a sensitive manner. The home is very appealing, very warm.”

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

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 but one of 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. The one outstanding care review is being planned at the convenience of family members.

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.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Mrs Joanne McDonald and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. 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.

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 17 November 2014. The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training had been provided to staff on 26 March 2014 with further training being provided in December 2014. The records also identified that an evacuation had been undertaken on 3 December 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Joanne McDonald. Mrs McDonald 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.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joanne McDonald 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Seafort House

4 December 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 Joanne McDonald 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.

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	10.1	<p>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.</p> <ul style="list-style-type: none"> Reference to this is made in that refresher training in managing challenging behaviour should be provided to staff. 	One	Refresher training being sourced and will be completed by the date requested	20 March 2015
2	13.1	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <ul style="list-style-type: none"> Reference to this is made in that the policy relating to the provision of activities should be updated. 	One	Update of policy in progress and will be completed by the date identified	20 March 2015

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	Joanne Mc Donald
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Rhoda Mcdonald

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	21 January 2015
Further information requested from provider			