



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Seafort House

Date of Inspection: 9 September 2014

Inspector's Name: Alice McTavish

Inspection ID: IN016897

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 Service:	Seafort House
Address:	6 Queen Street Warrenpoint BT34 3HZ
Telephone number:	(028) 4175 2200
E mail address:	seaforthouse6@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Rhoda McDonald
Registered Manager:	Mrs Joanne McDonald
Person in charge of the home at the time of inspection:	Mrs 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:	Primary Announced Inspection 23 January 2014
Date and time of inspection:	9 September 2014 10am – 3.15pm
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 are required.

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

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

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 9 Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Seafort House Residential care home is situated in Warrenpoint 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 three 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.

7.0 Summary of inspection

This secondary unannounced care inspection of Seafort House was undertaken by Alice McTavish on 9 September 2014 between the hours of 10:00am and 3:15pm. Mrs Joanne McDonald was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two requirements and three recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified.

The focus of this unannounced inspection was on standard 9, Health and Social Care. Seafort House was found to be compliant in five of the six areas examined. There were processes in place to ensure the effective management of the standard inspected. One recommendation was made relating to the review all care records to ensure these contain details of residents' optometrist and dentist.

During the inspection the inspector met with residents, staff, relatives, 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.

In discussion 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.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are 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 10.0 of the main body of the report.

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 examined; these included staffing levels, fire risk assessment, incidents and accident notifications and monthly monitoring visits by registered provider. Further details can be found in section 10.0 of the main body of the report.

No requirements and one recommendation were made as a result of the secondary unannounced inspection. Details 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, relatives, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 23 January 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 20 (3)	<p><u>Competency and Capability assessment</u></p> <p>The undertaking of competency and capability assessment on any person left in charge of the home in the manager's absence in keeping with Regulation 20 (3) of The Residential Care Homes Regulations (Northern Ireland) 2005 is required.</p> <p>Reiterated requirement from inspection dated 23 September 2013.</p> <p>Competency and capability assessment was discussed with the manager who explained that the night staff had not been assessed. Further work in regard to achieving full compliance.</p>	A review of the returned quality improvement plan (QIP) and examination of records confirmed that competence and capability assessments have been extended to include night staff.	Compliant

2	Regulation 19(2) Sch 4. 7	<p><u>Staff duty Roster</u></p> <p>Ensure the manager's daily duty hours are recorded in the staff duty roster.</p> <p>Reiterated requirement from 23 September 2014.</p>	Examination of the duty roster confirmed that the working hours of the registered manager are now included.	Compliant
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.4	<p><u>Pre Care management</u></p> <p>Ensure resident / representatives views are obtained and recorded in the pre care management review template.</p>	Examination of care management review forms and discussion with the registered manager confirmed that resident and representative views are sought and reflected in the care review forms.	Compliant
2	Standard 16.1	<p><u>Policy / procedure</u></p> <p>Two recommendations made related firstly to the inclusion of the reporting arrangements during "out of hours" including weekends and bank holidays, and secondly the recording of date / review date on the policy is recommended.</p>	Examination of the policy relating to reporting arrangements confirmed that this has been updated and contains details of current contacts for the Southern Trust Adult Safeguarding Team and for the Regional Emergency Social Work Team.	Compliant
3	Standard 19.1	<p><u>Policy / Procedure – Recruitment</u></p> <p>It is recommended that the policy / procedure on Selection and Recruitment is signed and dated by the manager.</p>	Examination of the policy document confirmed that this has been appropriately signed and dated.	Compliant

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

Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
<p>The inspector reviewed the care records of three residents. In all cases the name and contact details of each resident's General Practitioner was present; in the care records of one resident, the details of the optometrist and dentist were noted, however, in two records no details of the optometrist or dentist were noted.</p> <p>A recommendation has been made that all care records contain details of the residents' optometrist and dentist, as appropriate.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with two staff members in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant

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

Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings: The three care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments; the information is reviewed on a quarterly basis and a synopsis is developed. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical notes section of each resident's records. Staff on duty were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings: Review of the care records and discussion with the registered manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are kept informed of any follow up care during annual care reviews. In one instance where a representative lives outside Northern Ireland, information is provided via email which is exchanged in a manner which protects confidentiality.	Compliant

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

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of three care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with two residents individually and with eight in a group. Residents were observed engaging in craft activities in the day room, going on walks in the town or preparing to leave for planned social activities. 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:

"I've lived here for years and I think it's great."

"I love doing craft and going out around the town."

"The staff look after me very well."

10.2 Relatives/representative consultation

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

Comments received included:

"We are delighted with the improvement (our relative) has made since coming here, physically, mentally and socially. We are very happy with the staff who are always welcoming, friendly and approachable."

10.3 Staff consultation

The inspector spoke with two staff members, both of whom are care assistants. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group.

Comments received included:

"I feel working here is like being part of a big family."

10.4 Visiting professionals' consultation

No professionals visited the home during this inspection.

10.5 Environment

The inspector viewed the home accompanied by the registered manager Mrs Joanne McDonald and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed 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 good standard. The inspector established, through discussion with staff members and through observation, that there was unrestricted access to fresh bed linen and to continence products.

10.6 Staffing

On the day of inspection the following staff were on duty;

- 1 manager
- 1 senior care assistant
- 2 care assistants, one for day care only
- 1 catering staff, commencing duty at 3pm (breakfast and lunch is prepared by care assistants)
- 1 domestic staff

Confirmation was provided that the home's staffing levels are in accordance with the minimum standards and were sufficient to meet the assessed needs of the residents.

10.7 Fire Risk Assessment

Examination of the records confirmed that weekly and monthly equipment tests are undertaken and recorded, also that staff training is provided twice annually. The current fire risk assessment is next due to be reviewed in May 2015.

10.8 Incidents and accidents

The inspector reviewed notifications of incidents and accidents and these matched those sent to RQIA by Seafort House.

10.9 Monthly monitoring visits (Regulation 29)

The inspector reviewed the records relating to the monthly monitoring visits which confirm that these are being completed.

10.10 Complaints and compliments

The inspector reviewed the records relating to complaints and confirmed with the registered manager that the small number of complaints received have been satisfactorily managed. A record of compliments is also being maintained.

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

Secondary Unannounced Care Inspection

Seafort House

9 September 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 (2008), 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	Standard 9 (1)	Review all care records to ensure these contain details of residents' optometrist and dentist. Ref 9.0 of this report	One	Details of all medical professionals attended by each resident added to their individual care files	31 October 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne McDonald
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	22 October 2014
Further information requested from provider			