



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report

## 13 May 2019



## Seafort House

**Type of Service: Residential Care Home**

**Address: 6 Queen Street, Warrenpoint BT34 3HZ**

**Tel no: 028 4175 2200**

**Inspectors: Alice McTavish and Gemma McDermott, Estates  
Support Officer**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 13 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Seafort House  <b>Responsible Individual:</b> Rhoda Elizabeth McDonald	<b>Registered Manager and date registered:</b> Joanne McDonald 1 April 2015
<b>Person in charge at the time of inspection:</b> Joanne McDonald	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 11

### 4.0 Inspection summary

An unannounced inspection took place on 13 May 2019 from 10.30 hours to 15.40 hours.

This inspection was undertaken by a care inspector. An estates support officer visited the home on 23 May 2019 in order to review and validate elements of a previous premises inspection.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, listening to and valuing residents and maintaining good working relationships.

Two areas requiring improvement were identified. These related to care records and to residents' written agreements.

Residents described living in the home as being a good experience. Residents less able to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Joanne McDonald, 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 19 November 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 November 2018. No further actions were required to be taken following the inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were completed and returned from residents. No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 13 May to 26 May 2019
- staff training schedule
- one staff recruitment and induction record
- two residents' records of care
- complaint records
- compliment records
- governance audits/records

- accident/incident records from May 2018 to May 2019
- reports of visits by the registered provider
- RQIA registration certificate
- Fire Risk Assessment
- Legionella Risk Assessment

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care and premises inspections

Areas for improvement identified at previous care and premises inspections have been reviewed and assessed as met.

### 6.2 Inspection findings

#### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included at night. The registered manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry and domestic staff on duty during the day and care staff in the evenings and overnight.

#### Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

## **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

The registered manager told us that she provided regular supervision to staff and this happened more often when staff were new to the home. Staff also had an appraisal annually.

All senior care staff had an assessment of their competency and capability completed by the registered manager to ensure that they can take charge of the home when the manager is not on duty.

## **Staff training**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The registered manager told us that the care staff got training in all of the core areas every year and that all staff attended a fire drill at least annually.

## **Safeguarding residents from harm**

The registered manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year was being completed.

Staff who we spoke with confirmed that they had received training in adult safeguarding.

The registered manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

## **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission, and found that they were comfortable and contained residents' personal belongings.

There was a communal lounge for the use of residents on the ground with a quiet room on the first floor. There was a large room for activities and meetings and a dining room. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

We saw, however, that there were some areas on the handrail of the main stairway that needed a deep clean. The registered manager advised that this issue would be addressed on the day following the inspection. An estates support officer visited the home on 23 May 2019 and confirmed that the handrail had been thoroughly cleaned. The registered manager also submitted a revised cleaning schedule which included arrangements for routine cleaning of handrails.

## Infection prevention and control (IPC)

The registered manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. We saw how staff used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

The registered manager described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### Management of risks relating to residents

The registered manager described a robust assessment and admissions process before residents came to live in Seafort House. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks.

The registered manager told us that the residents who live in Seafort House have good mobility and few falls occurred; the registered manager was aware of how professional advice could be obtained from medical or trust staff, if necessary.

The registered manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

## Catering arrangements

The residents said that they enjoyed the food in the home and that they got plenty to eat and drink. Staff described how residents' routines differed at the weekends and those who chose to could have breakfast later, although many liked to keep to their set routine. The menu is devised in advance and there are choices available at each mealtime. Staff also described the specific dietary needs of one resident and the steps taken to provide a high calorie diet.

## Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

We saw that pre-admission information was obtained before residents come to live in Seafort House; care plans were in place and identified risks were integrated into the care plans. Advice was given to the registered manager about completing risk assessments separately to care plans to make it easier to update these and to make the link between risks, the care delivered and the outcomes for residents more distinct.

We found that the care plans and risk assessments were not always reviewed with regularity and that, in one case, the application of a skin cream was not noted in a care plan. Action was required to ensure compliance with the standards for the care records.

We saw that a care review was completed with the resident, their family, care staff and staff from the Trust each year. We noted that some residents' written agreements had not been updated since 2017. Action was required to ensure compliance with the standards for this area.

We saw evidence in the care records of how staff in the home made sure that residents could understand information written about them. There were easy read, large print formats used for some documents and hospital passports were also completed. This is good practice.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

## Areas for improvement

Two areas were identified for improvement. These related to care records and residents' written agreements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who may sometimes be in need of additional reassurance or support.

### Activities

Staff told us about the wide range of activities available and how the activities co-ordinators worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that some residents were engaged in baking and others were going out for walks or listening to a favourite radio show. Two residents were enjoying a relaxing foot spa. A programme of available activities was displayed and there were numerous photographs of residents enjoying outings and events.

Residents said that they enjoyed the activities on offer and that they were particularly looking forward to a day trip to Lisburn the following day and a meal later at a hotel in Newry. Staff described how a shorter trip was planned for some residents who are less physically able. There was a plentiful supply of arts and craft resources, games and jigsaws. Staff advised that there was also space in the lounge and the quiet room where residents could enjoy time away from others, if they wished. Residents told us about the numerous outside activities they attended and how they especially enjoyed the Friendship Club and a local Gateway club.

### Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The registered manager told us that these meetings took place regularly.

There was also a satisfaction survey completed annually by residents and their family members. We looked at the responses to the survey and saw that all parties were satisfied with the care, services and facilities in the home.

Nine residents completed and returned questionnaires to RQIA. All respondents indicated that they were satisfied or very satisfied that their care was safe, effective, compassionate and that it was well led. Some residents commented:

- “I love Seafort House.”
- “I am very happy in Seafort House.”
- “Seafort House is good!”
- “I am here 27 years – I love Seafort House.”
- “I am happy with my care.”
- “I am not long moved in. I really enjoy living in Seafort House.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Staff in the home said that they got good support from their manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

#### Managerial oversight

The registered manager described how she completes managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as IPC and hand hygiene, complaints and the home’s environment and looks for any ways in which these areas can be improved.

The registered manager makes sure that staff are properly recruited and supported to do their jobs through providing regular supervision, appraisal and training. The registered manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that fire drills are completed.

## **Complaints and Compliments**

The registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The registered manager also shares compliments received from residents, their families and professionals as this is important for staff morale and learning. We saw a recent compliment which stated: “(the resident) has spoken of her enjoyment with living in Seafort House and how this has benefitted her in regard to diet, social activities and renewed contact with (family).”

## **Accidents and incidents**

The registered manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

## **Additional training**

The registered manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in CPR and choking.

## **Communication**

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. In addition, staff reported that their manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

## **Visits by the registered provider**

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in February, March and April 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne McDonald, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 27 September 2019	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• Care plans and risk assessments are reviewed regularly</li> <li>• The care plan of one identified resident is updated to include the application of a skin cream</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All careplans and risk assessments are reviewed quaterly or more frequently should a change in the residents care arise. The careplan of the resident identified has been amended to include the application of prescribed skin cream.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.6  <b>Stated:</b> First time  <b>To be completed by:</b> 27 September 2019	<p>The registered person shall ensure that residents' written agreements are kept up to date.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All residents agreements have been reviewed and updated. They shall be reviewed annually or more frequently should a change in the residents circumstances arise.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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