

# Inspection Report

**15 November 2022**



## Seafort House

**Type of Service: Residential Care Home**  
**Address: 6 Queen Street, Warrenpoint, BT34 3HZ**  
**Tel no: 028 4175 2200**

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Seafort House	<b>Registered Manager:</b> Mrs Joanne McDonald
<b>Registered Person:</b> Mrs Rhoda Elizabeth McDonald	<b>Date registered:</b> 1 April 2015
<b>Person in charge at the time of inspection:</b> Mrs 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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered residential care home which provides health and social care for up to 13 residents who have a learning disability. Residents' bedrooms are located over the first and second floors and residents have access to communal lounge areas; an activity room and a dining room. There is an enclosed garden area to the rear of the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 November 2022 from 10.00am to 4.00pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were well presented in their appearance and spoke positively when describing their experiences on living in the home. Comments received from residents and staff members are included in the main body of this report.

There was sufficient staff available to provide care and staff members engaged well with residents in a caring and compassionate manner. There was a good working relationship between staff and management.

The inspection concluded with no areas for improvement identified. RQIA was assured that the delivery of care and service provided in Seafort House was safe, effective and compassionate and that the home was well led.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we consulted with 13 residents and four staff on duty. Residents told us that they were happy living in the home and spoke positively on their engagements with the staff and with the activity provision in the home. Staff members were confident that they worked well together; enjoyed working in the home and interacting with the residents.

There were eight questionnaire responses received from residents. All respondents indicated that they felt safe, they thought staff were kind, they thought the care was good and they thought the home was well organised. Comments included, "Very Happy," and "Everything is very good." We received no feedback from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 July & 3 August 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time	The registered person shall ensure that external medicines are stored securely and in line with infection prevention and control standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The external medicines had been suitably stored in a locked cupboard at the nurse's station.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time	The registered person shall ensure that a recording system is implemented to evidence when residents' bank cards are removed and returned to the safe place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A system to evidence when residents' bank cards were removed and returned to the safe place had been developed.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Regular checks were also made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job.

For example, staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. A 2022 training planner had been utilised to identify which training was to be completed within which month. Training had been provided electronically and face to face. A system was in place to ensure that staff completed their training and evidenced that the majority of staff had achieved compliance with this. Staff also confirmed that they were supported through supervision and appraisal processes.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Staff consulted confirmed that they were happy that residents' needs were met with the staffing level and skill mix allocated to work in the home. Discussion with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

Staff spoke positively on the teamwork in the home. One told us, "We all get along well and mix well with each other". Another commented, "The teamwork here is very good; everyone helps one another out." Staff members were observed to work well and communicate well with one another during the inspection.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. The duty rota identified the person in charge of the home when the manager was not on duty.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents and confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day. Staff members were knowledgeable of residents' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as appointments.

Residents consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well and were comfortable in each other's company. Residents told us that they were happy living in the home.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Advance care plans were developed should any of the residents contract Coronavirus and included what the residents wishes were if they became unwell with Coronavirus. This was good practice.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was good availability of food and fluids identified during the inspection. Records of contacts made to, or visits from, other healthcare professionals such as dietitians, speech and language therapists or general practitioners were recorded well in detail within residents' care records.

Residents dined in the dining room. Food was freshly prepared in the kitchen and the food served appeared nutritious and appetising. Portion sizes were appropriate for the residents to whom the food was served. Staff offered salt, pepper and condiments to residents. The mealtime was well supervised. Residents spoke positively on the mealtime experience and chose their own background music to listen to during the meal. Residents also told us that they enjoyed a takeaway one night a week.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. It was noted that there were no call points for residents within communal rooms such as toilets and shower rooms should they wish to call for assistance. This was discussed with the manager who confirmed shortly after the inspection that call points had been sourced and arrangements made for their installation.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. There was an ongoing painting programme in place. The manager confirmed planned improvements to residents' bedrooms during the inspection. Plans were also in place to replace the staircase and dining room carpets. The manager also confirmed plans for the front door and external railings to be replaced.

There was an enclosed garden area to the rear of the home. The garden was well maintained. Since the last inspection, a shed at the back of the garden had been purchased to store tools and equipment.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. There was good compliance noted with best practice on infection prevention and control during the inspection. All visitors to the home were required to wear face coverings. There was good signage throughout the home reminding residents to wash their hands.

Observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.



Staff use of PPE and hand hygiene was regularly monitored by the manager and records of these checks had been maintained. Environmental audits had been completed and action plans had been developed where any deficits were observed. Kitchen audits had been completed and records were maintained of any spot checks completed in the home.

#### **5.2.4 Quality of Life for Residents**

Residents were well presented in their appearance and told us that they liked living in the home. Residents' meetings had been conducted monthly and allowed time for residents to express how they were feeling; what they enjoyed doing and where they had been. The meeting also allowed residents to discuss any suggestions for new activities and/or food provision in the home.

An extensive range of activities was conducted during the mornings and in the afternoons. There was a dedicated activities room to the rear of the home which contained multiple resources for activity provision. Residents had two large tables to sit at. There were pictures and arts and crafts made by residents on display all around the room. The residents spoke of how they enjoyed activities such as foot spa treatments, bowls, tai chi, exercises, canvas painting, playing pool and playing table-top ice hockey. There were weekly outings from the home for lunches, afternoon teas, coffees and/or walks and visits. Residents recounted recent visits to The Burrendale Hotel, to Castleblaney town and to Killeavy Castle.

All residents were members of the local Friendship Club in Warrenpoint. Residents could attend the club and join with other community members in enjoying activities such as music, dancing, bingo and/or daytrips away. There were arrangements planned for upcoming Christmas activities. Residents chose which activities to engage in. Activities were conducted on a group basis and on a one to one basis depending on the preference of the resident. Activity evaluation sheets were conducted to record the residents' engagements in the activity. The provision of activities in the home was commended.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. Visiting was conducted in line with Department of Health guidelines. Residents were free to leave the home with their relatives if they wished to go out.

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there had been no changes to the management arrangements. Mrs Joanne McDonald has been the registered manager of the home since 1 April 2015. Discussion with the manager and staff confirmed that there were good working relationships between staff and the home's management team. Staff told us that they found the manager to be 'approachable' and 'would listen to staffs' concerns'.

Staff were aware of who the person in charge of the home was in the manager's absence. This would be the senior care assistant on duty. Prior to taking charge of the home, a competency and capability assessment for the person in charge would be completed by the manager. Staff told us that they were aware of their own role in the home and the roles of others.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included care records, medicines

management, staff training and staff registration monitoring. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to residents' next of kin and their care manager. A review of accidents and incidents which occurred since the last inspection evidenced that none were notifiable to RQIA.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. The number of complaints in the home was low. Cards and records of compliments received were maintained and shared with staff.

Staff told us they were confident about reporting any concerns about residents' safety. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Reports of the Provider's monthly monitoring visits were available for review and included consultations with staff and residents and a record of the areas reviewed during the visit.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joanne McDonald, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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