

# Inspection Report

## 21 September 2023



## Seafort House

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

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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 Person:</b> Mrs Rhoda Elizabeth McDonald	<b>Registered Manager:</b> Mrs Joanne 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> 11
<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 21 September 2023 from 9.30 am to 4.15 pm by a care inspector.

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

All residents were well presented in their appearance and appeared settled and content in their environment. Comments received from residents and staff are included in the main body of this report.

The staff on duty engaged well with residents in a caring and compassionate manner. It was clear through these interactions that they knew one another well and were comfortable in each other's company. There was a good working relationship between staff and management.

An area for improvement was identified in relation to the regular review of residents' care plans.

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.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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 the residents, the manager and the staff on duty. Residents spoke positively when describing their experiences of living in the home. They appeared happy and were able to choose how they spent their day. The staff told us that they felt that they were trained well and enjoyed working in the home and interacting with the residents.

We received no questionnaire responses or any response 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?

The last inspection to Seafort House was undertaken on 15 November 2022 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

All staff were provided with a comprehensive induction programme to prepare them for working with the residents. We discussed the implementation of an induction booklet to capture the topics covered during the induction.

Regular checks were made to ensure that care staff applied to and maintained their registrations with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were well trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, fire safety and infection prevention and control (IPC). A 2023 training planner was in place. The manager confirmed that newly employed staff would complete mandatory training as part of their induction. Training was identified each month for existing staff to complete. Staff were further supported through staff supervisions and appraisals. Staff told us that they felt well trained to perform their roles in the home.

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. Discussions with residents and observation of working practices identified no concerns in relation to the staffing arrangements.

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.

Staff spoke positively on the teamwork in the home. One told us, "It's very good; we all get on well together", and another commented, "We all communicate well with one another". Staff members were observed to work well and communicate well with one another during the inspection.

### 5.2.2 Care Delivery and Record Keeping

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routine, wishes and preferences. Care was provided promptly in a caring and compassionate manner.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment personal development and care support plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. However, several of the care support plans reviewed had not been reviewed since December 2022. This was discussed with the manager and identified as an area for improvement. Residents' care records were held confidentially.

Daily records were maintained within support workers' files on how each resident spent their day and which activities they were involved in. These records also recorded any appointments the residents had attended or any outings or visits to other places they had been.

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. Residents were weighed regularly to monitor for weight loss or weight gain.

Menus were designed with residents' involvement and alternatives offered if the resident did not like the choice of meal. Staff prepared the breakfast and evening meals and the cook prepared the main lunchtime meal. Staff had received food hygiene training. Residents could also enjoy takeaway nights. Residents dined together in the dining room. The food appeared nutritious and appetising and portion sizes were appropriate for the residents to whom the food was served. Residents told us that they enjoyed the mealtime experience.

### 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. Residents' bedrooms were personalised with items which were important to them. Privacy curtains were in place, in bedrooms which accommodated two residents, in order to protect residents' dignity. The manager confirmed environmental improvements made to the home since the last care inspection which included new railings to the exterior, new call bells in communal rooms and a fully refurbished staff toilet.

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. A record of visitors to the home was maintained. Rooms which contained hazards to residents had been appropriately locked to restrict access to them.

Environmental infection prevention and control audits had been conducted in the home. There was good compliance with infection control identified during the inspection. There were good supplies of personal protective equipment and hand hygiene products. Separate hand hygiene audits were conducted to monitor this practice.

### 5.2.4 Quality of Life for Residents

Residents could choose how they spent their day and staff supported residents with their choices. Staff were aware of each resident's hobbies and interests and what they enjoyed to do during the day. Residents had an extensive list of activities to be involved in. On the day of inspection, residents enjoyed arts and crafts in the morning, Tai Chi in the park just before lunchtime, exercises and the Hugo Duncan show in the afternoon and a birthday party in the evening.

There was a large activity room at the back of the home with multiple resources. Residents had decorated an Autumnal display in the room. The room overlooked the garden where residents grew strawberries and tomatoes and had two apple trees. Residents talked about trips out to local hotels for dinner and overnight stays and holidays to Donegal. Residents attended a friendship club every Tuesday.

Plans were in place for a dress up Halloween party. Residents told us that they were looking forward to this. There were picture collages of milestone birthdays, such as 50<sup>th</sup> and 60<sup>th</sup>, on display in the dining room.

The responsible individual held a residents' meeting every month. Minutes of these meetings were maintained. Each resident had the opportunity to discuss what they enjoyed doing; what they had been doing and what they would like to do.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Visiting was open and visits could take place at the residents' preferred visiting area; including their bedrooms. 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. Staff told us that they found the manager to be 'approachable' and 'always contactable'.

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 medicines management, care records, the environment, the kitchen and staff professional registrations.

The number of accidents and incidents that happened in the home was low. There was only one incident that happened during 2023 and this has been correctly referred to all the necessary public bodies and managed appropriately.

A complaint's file was maintained to detail the nature of any complaints received and the corresponding actions made in response to any complaints. A compliments book was also maintained, however, this had not been completed well. The manager confirmed that she would encourage staff to complete the compliments book for onward sharing of compliments with other staff.

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

The home was visited each month by the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Reports were available for review by residents and their relatives, the commissioning Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Joanne McDonald, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)(b)  <b>Stated:</b> First time	The registered person shall ensure that all residents' care plans are subject to regular review to make sure that they remain up to date.  Ref: 5.2.2
<b>To be completed by:</b> Ongoing from the date of inspection	<b>Response by registered person detailing the actions taken:</b> All care plans reviewed and amended as necessary. All careplans will be reviewed quaterly or more frequently if necessary.

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





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care