

Unannounced Care Inspection Report

24 March 2021



Seafort House

Type of Service: Residential Care Home

Address: 6 Queen Street, Warrenpoint, BT34 3HZ

Tel No: 028 4175 2200

Inspector: Dermot Walsh

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 residential care home registered to provide residential care for up to 13 residents.

3.0 Service details

Organisation/Registered Provider: Seafort House Responsible Individual: Rhoda Elizabeth McDonald	Registered Manager and date registered: Joanne McDonald 01 April 2015
Person in charge at the time of inspection: Joanne McDonald	Number of registered places: 13
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 24 March 2021 from 09.40 to 15.40. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control measures
- the environment
- leadership and governance.

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
Total number of areas for improvement	1	1

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 11 residents and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten residents' and residents' relatives/representatives questionnaires were left for distribution. Four were returned. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 15 March 2021
- staff training records
- a selection of quality assurance audits
- visiting policy
- monthly monitoring reports
- overview of accidents and incidents
- menu
- programme of activities
- RQIA certificate
- minutes of staff and residents' meetings
- three residents' care records.

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 previous inspection

There were no areas for improvement identified as a result of the last care inspection conducted on 20 January 2020.

6.2 Inspection findings

Staffing

On the day of inspection 11 residents were accommodated in the home. The manager confirmed the staffing arrangements in the home at the commencement of the inspection. Planned staffing levels were reflected on the duty rota week commencing 15 March 2021. The person in charge of the home in the absence of the manager was identified on the duty rota. Staff consulted during the inspection confirmed that residents' needs were met with the planned staffing levels and skill mix. Observation of care delivery during the inspection raised no concerns in relation to the staffing arrangements. Residents spoke positively on the care that they received. One told us, "The staff are great". Another commented, "I really like living here".

Staff confirmed that they had a good understanding of one another's roles in the home. Staff also confirmed they were satisfied that the training provided in the home was sufficient in enabling them to perform their roles safely. A yearly staff training planner was utilised and compliance with mandatory training was monitored on a training matrix by the home's management on a monthly basis. The majority of staff were compliant with training requirements. Staff consulted confirmed that they had received training on infection prevention and control (IPC) and with the use of personal protective equipment (PPE) such as visors, facemasks, gloves and aprons.

Staff spoke positively in relation to the teamwork in the home. One commented, "We have a brilliant team here; we are all used to each other." Staff were observed to communicate well with each other during the inspection.

The manager confirmed that a staff meeting had been conducted remotely using technology during February 2021. Another had been planned for March 2021. In addition, a staff group chat had been set up using a mobile phone app to allow the manager to update staff with any planned changes to the running of the home.

Care delivery

There was a relaxed environment in the home throughout the day. Staff were observed to interact with residents in a compassionate and caring manner. One resident told us, "It's great fun living here." Residents we encountered were well presented in their appearance. Staff were aware of residents' needs and requirements.

A day care worker was employed to coordinate activities in the home assisted by a second activities staff who covered during the week. Residents spoke enthusiastically on how they spent their day in the home and activity provision was a large part of this. Residents had been split into two groups to promote social distancing. Activities were conducted with residents as a group or on a one to one basis depending on the residents' wishes. Daily records of all activities conducted in the home were maintained. Residents told us how they enjoyed yoga, going for walks, flower picking and arranging, ball games, knitting, listening to music, pamper days, foot spas and going for drives in the car. Other activities included laughing yoga, chair based exercises, Thai chi, digital bingo and using the Wi Sports entertainment system. Residents were free to choose which activities they wished to be involved in. Plans were in place for an Easter party and residents had made Easter bonnets and painted pictures of Easter eggs for an Easter display board.

An indoor visiting area had been identified in the home taking IPC measures into consideration. Visits were by appointment only. Visitors were required to ring the home one hour before the visit for a verbal symptom check and then on arrival perform hand hygiene, complete a declaration form and wear a facemask before entering the visiting area. In addition to indoor visiting, virtual visiting was encouraged. An up to date visiting policy was in place and was reflective of government guidelines. The manager confirmed that there had been no interest shown from residents or residents' relatives in relation to engaging with the care partner role.

The manager confirmed that they would normally communicate any change with residents' relatives via the telephone, email or during meetings with them when they came to visit loved ones or leave items for them.

A record of all food served in the home was maintained. Menus were developed weekly with the residents' involvement. If the resident did not like the choice of meal, they were provided with an alternative and all alternative meals provided were also recorded. The majority of residents had been accommodated in the home for a long period of time and a list of their likes and dislikes was maintained in the kitchen. Residents dined in the dining room with tables and chairs socially distanced for their safety.

Four residents' questionnaires were returned. All respondents indicated that they felt safe, that the care given was compassionate and effective and that the home was well led. Comments included:

- 'Very happy with the care at Seafort House'.
- 'I am very aware of my aspects of care. I am very happy living in Seafort House'.
- 'I know about my care plan and am very happy living at Seafort House'.

During the inspection we consulted with four staff. Staff consulted commented:

- 'I like it here. The time just flies. We are kept going but always get a laugh'.
- 'Very good. We all have the craic'.
- 'It's just really great here'.

Care records

The vast majority of residents were self-caring in the home. Daily entries were recorded in relation to their social aspect of life as discussed above. The manager confirmed that if any resident became unwell, a separate file would be created with daily entries on the relevant activities of daily living. Risk assessments had not been consistently reviewed on, at minimum, an annual basis. This was discussed with the manager and identified as an area for improvement.

Further deficits were identified within residents' care records such as entries made not signed or dated by the person making the entry and gaps were evident where entries should have been recorded in accordance with the homes record keeping procedures. We also identified that the residents' care records were not audited to detect any shortfalls. This was discussed with the manager and an area for improvement identified to ensure that audits of care records would commence as an internal quality monitoring measure.

Infection prevention and control measures

When we arrived to the home we were required to wear a facemask, soles of shoes sprayed, complete a self-declaration form regarding recent contacts and symptoms and have our temperature checked and recorded. Personal protective equipment such as masks, visors, gloves and aprons were readily available throughout the home. No issues or concerns were identified with staff in relation to the availability or supply of PPE. Staff were observed wearing PPE correctly during the inspection.

When staff presented to the home, they changed into uniform in an identified changing area. Staffs' temperatures were checked and symptoms checked. Staff would sanitise their hands and put on PPE before any contact with residents. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. As part of the regional testing programme, all staff were tested for COVID-19 on a weekly basis and all residents on a four weekly basis. Residents' temperatures, pulses and oxygen saturation levels were checked twice a day as a means to detect if any were developing symptoms. The majority of staff and residents in the home had received the second dose of a COVID – 19 vaccine. The home had remained COVID free throughout the pandemic.

Staff confirmed that training on IPC measures and the use of PPE had been provided. Hand hygiene audits had been conducted to ensure this vital practice had been conducted appropriately. We observed staff performing good hand hygiene practices during the inspection. All staff were bare below the elbow and not wearing any wrist jewellery which would inhibit effective hand hygiene. Signage was available throughout the home advising on appropriate hand hygiene technique and safe donning and doffing of PPE. Enhanced cleaning measures had been introduced into the home's cleaning regime. The frequency of the cleaning of touchpoints had increased. Night duty staff had a separate cleaning schedule to complete.

The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Corridors and stairwells were clear of clutter and obstruction. Residents' bedrooms had been personalised with their own belongings. Fire exits and fire extinguishers were maintained clear of obstruction. Chairs and tables in the dining area and communal seating areas had been adequately spaced to allow for social distancing. Doors leading to rooms which may contain potential hazards to residents had been appropriately locked when not in use. The home was clean, warm and tidy. There were no malodours in the home. Compliance with infection prevention and control had been well maintained. Minor deficits were managed during the inspection. The manager had identified areas in the home for refurbishment once the COVID restrictions have been lifted.

Leadership and governance

There was a clear organisational structure in the home. Since the last inspection, the management arrangements in the home had not changed. The RQIA certificate of registration had been displayed appropriately and reflected the management arrangements. Staff described the manager as 'very approachable' and confirmed that there was "very good support from the home's management".

The manager confirmed that there were no recent or ongoing complaints in relation to the home. We discussed that any area of dissatisfaction should be recorded as a complaint. We

also discussed the benefits of maintaining a record of all compliments received in the home including verbal compliments made.

A record of all accidents, incidents and injuries occurring in the home was maintained and any required to be reported to RQIA had been received. The manager was knowledgeable in relation to any incidents which needed to be notified to RQIA. The number of accidents in the home was low.

Monthly monitoring visits were conducted by the responsible individual. Reports of the visits were available and included an action plan identifying any improvements required. The action plan was reviewed at the subsequent monthly visit to ensure completion. Reports included evidence of consultation with residents and staff.

Environmental, medicines management, fire safety and hand hygiene audits had been conducted regularly. Only one resident was subject to a restrictive practice in the home. As previously discussed we identified an area for improvement in relation to the auditing of residents' care records.

Discussion with staff and the manager confirmed that there were good working relationships in the home between staff and management.

Areas for improvement

Areas for improvement were identified in relation to residents' assessments review and auditing of residents' care records.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

The atmosphere in the home was relaxed throughout the inspection. Staff were observed attending to residents needs in a caring and compassionate manner. Residents have commented positively on the care that they received and were well presented in their appearance. Activity provision formed a large part of the residents' lives in the home. Compliance with IPC had been well maintained. Staff had received IPC training and training in the use of PPE. This training had been embedded into practice. The staffing arrangements in the home were suitable to meet the needs of residents.

There was evidence of good working relationships between staff and management. The residents told us they were very happy living in Seafort House.

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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time To be completed by: 24 April 2021	<p>The registered person shall ensure that residents' risk assessments are reviewed, at minimum, annually or as their condition changes.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: As discussed during the inspection, I can confirm, that going forward, the residents risk assessments will be reviewed at a minimum annually or as changes occur for that resident.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 24 May 2021	<p>The registered person shall ensure that residents' care records are audited to maintain the quality of the record keeping processes in the home.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: As discussed during the inspection, an audit of all care records will be carried out monthly or more frequently should the need arise.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)