

# Inspection Report

29 July 2022 & 3 August 2022



## Seafort House

Type of service: Residential Care Home  
Address: 6 Queen Street, Warrenpoint, BT34 3HZ  
Telephone number: 028 4175 2200

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Seafort House<br><br><b>Responsible Individual:</b><br>Mrs Rhoda Elizabeth McDonald   | <b>Registered Manager:</b><br>Mrs Joanne McDonald<br><br><b>Date registered:</b><br>1 April 2015          |
| <b>Person in charge at the time of inspection:</b><br>Ms Karen Rooney, Senior Carer<br>(29 July 2022)<br>Mrs Joanne McDonald, Registered Manager<br>(3 August 2022)                 | <b>Number of registered places:</b><br>13   |
| <b>Categories of care:</b><br>Residential Care (RC):<br>LD – learning disability<br>LD(E) – learning disability – over 65 years   | <b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br>11 |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>Seafort House is a residential care home which is registered to provide care for up to 13 residents. |   |

## 2.0 Inspection summary

An unannounced medicines management and finance inspection took place on 29 July 2022, from 11.10am to 2.55pm and on 3 August 2022 from 11.15am to 3.15pm. The inspection was completed by a pharmacist inspector and a finance inspector.

The inspection focused on medicines management and the management of residents' finances within the home and also assessed progress with the areas for improvement identified at the last care inspection.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management and the management of residents' finances.

The outcome of the inspection concluded that robust arrangements were in place for the safe management of medicines.

Medicines were administered as prescribed and records were well maintained. Staff had received training and competency assessment. One area for improvement in relation to the storage of external preparations was identified.

With regards to finance, one area for improvement was identified in relation to implementing a system to evidence when residents' bank cards were removed and returned to the safe place.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

### **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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence.

The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training, and the auditing systems used to ensure the safe management of medicines. A sample of residents' financial files which included records of transactions and residents' personal property was also reviewed.

Staff and residents views were also obtained.

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

The inspectors met with a senior carer and registered manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been returned to RQIA.

## 5.0 The inspection

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

| Areas for improvement from the last inspection on 12 November 2021                            |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)     |   | Validation of compliance |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Standard 10<br><br><b>Stated:</b> First time | The registered person shall ensure that when a restrictive practice has been implemented, the resident's care records will evidence the decision making process to include who this was discussed with, consent obtained and risk assessments/care plans are in place to guide on the safe use of the practice. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>There was evidence that this area for improvement has now been met.  |                          |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 12<br><br><b>Stated:</b> First time | The registered person shall ensure that the mealtime menu offers a choice of meal for residents in the home. This will also include residents who require to have their meals modified.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>There was evidence that this area for improvement has now been met.  |                          |
| <b>Area for Improvement 3</b><br><br><b>Ref:</b> Standard 35<br><br><b>Stated:</b> First time | The registered person shall ensure that staff remain bare below the elbow in areas where care is provided in keeping with best practice on infection prevention and control.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>There was evidence that this area for improvement has now been met.  |                          |

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain. Records included the reason for and outcome of each administration. These medicines were used infrequently. One care plan needed to be updated and this was agreed.

The management of pain was discussed. Staff advised that residents were able to communicate when they were in pain and that pain relief was administered when required.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage area was monitored and recorded to ensure that medicines were stored appropriately.

A number of out of date external preparations were removed for disposal at the inspection. The storage of in-use external preparations should be reviewed to ensure that these medicines are stored securely and in line with infection prevention and control standards. An area for improvement was identified.

Appropriate arrangements were in place for the disposal of medicines.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed; they were fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt and administration of controlled drugs were maintained to the required standard in controlled drug record books.

Management and staff audited the management and administration of medicines on a weekly basis. In addition running stock balances were maintained for all medicines. The audits completed at the inspection indicated that medicines were administered as prescribed.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. The admission process for residents new to the home or returning from hospital was discussed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incident which had been reported to RQIA since the last inspection was discussed. There was evidence that the incident had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision and at annual appraisal. Medicines management policies and procedures were in place.

#### **5.2.7 What arrangements are in place to ensure that residents' monies, valuables and personal property are appropriately managed and safeguarded?**

A safe place was provided within the home for the retention of residents' monies and valuables.



At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of residents' monies held at the home were up to date at the time of the inspection.

No bank accounts were managed on behalf of residents however, bank cards were held for safekeeping for a number of residents. There were no records to evidence when the cards were removed and returned to the safe place. An area for improvement was identified.

Residents were supported by members of staff when using their bank cards. This financial arrangement was included in the residents' care plans. A sample of records of withdrawals from residents' bank accounts was reviewed; the amounts withdrawn reflected the amounts recorded as lodged at the care home on behalf of the residents.

Comfort fund monies were held on behalf of residents, these are monies donated to the home for the benefit of all residents. A review of a sample of transactions from the comfort fund confirmed that records were up to date and that purchases from the fund were for the benefit of all residents.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a monthly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Three residents' finance files were reviewed. Copies of written agreements were retained in all three files. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. A list of services available to residents at an additional cost, such as hairdressing, was also included. The agreements were signed by the resident, or their representative, and a representative from the home.

In line with good practice signed authorisation forms which provided details of the items members of staff were authorised to purchase, on behalf of residents, were also included in the agreements.

Review of records and discussions with staff confirmed that no resident was paying a contribution towards their weekly fee; all fees were paid by the Health and Social Care Trust. Discussions also confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the health and social care trust.

Discussion with staff confirmed that no member of staff was an appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records. A sample of records of payments to the hairdresser was also reviewed these records were also up to date at the time of the inspection. The records were signed by the hairdresser and countersigned by a member of staff to confirm that the treatments took place.



It was noticed that no receipts were retained for purchases which were below a specific amount. This practice was in line with the home's financial policies and procedures. The manager was advised that receipts should be retained for all purchases undertaken on behalf of residents. Where it is not possible to obtain a receipt from a purchase the residents' records are annotated to reflect this.

Following the inspection a revised copy of the home's financial policies and procedures was forwarded to RQIA. The procedure for retaining receipts was amended to reflect that receipts should be obtained from all purchases. If a receipt could not be obtained from a purchase the records would be updated to reflect this. This will be reviewed at the next RQIA inspection.

A sample of two residents' files evidenced that property records were in place for both residents. The records were up to date with items brought into the residents' rooms. The manager was advised to implement a system to evidence that the property records were reconciled at least quarterly. The record should be signed by two members of staff. This will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Minimum Standards 2021.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 2         |

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Karen Rooney, Senior Carer, and 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 Residential Care Homes Minimum Standards 2021  |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 32<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate and ongoing   | The registered person shall ensure that external medicines are stored securely and in line with infection prevention and control standards.<br><br>Ref: 5.2.2                                    |
|  | <b>Response by registered person detailing the actions taken:</b><br>An area was made clear in the medicine cupboard where the external medicines are now stored securely.                       |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 15.5<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>Immediate and ongoing | 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.<br><br>Ref: 5.2.7                   |
|  | <b>Response by registered person detailing the actions taken:</b><br>Staff sign out every time they take a resident and their bank card to the ATM. They also signed it back in again on return. |

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



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