

**Unannounced Care Inspection**  
**of**  
**Seafort House Residential Home**  
**7 May 2015**

## 1. Summary of inspection

An unannounced care inspection took place on 7 May 2015 from 10.25 to 13.20. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. We identified areas for improvement and these are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with the registered manager, Mrs Joanne McDonald. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Seafort House	<b>Registered Manager:</b> Mrs Joanne McDonald
<b>Person in charge of the home at the time of inspection:</b> Mrs Joanne McDonald	<b>Date manager registered:</b> 2005
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 13
<b>Number of residents accommodated on day of inspection:</b> 12	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14:**            **The death of a resident is respectfully handled as they would wish.**  
**Theme:**                **Residents receive individual continence management and support.**

### 4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with five residents and two members of care staff. No resident's representatives and no visiting professionals were present during the inspection.

We inspected four care records, complaints records, staff training records and accident and incident records. Three completed staff questionnaires were returned to RQIA by post after the inspection.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 4 December 2014. The completed QIP was returned and was approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.1	Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. <ul style="list-style-type: none"> <li>Reference to this is made in that refresher training in managing challenging behaviour should be provided to staff.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the staff training records confirmed that refresher training in managing challenging behaviour had been provided to staff.	

<b>Recommendation 2</b>  <b>Ref: Standard 13.1</b>	The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. <ul style="list-style-type: none"> <li>Reference to this is made in that the policy relating to the provision of activities should be updated.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the policy document confirmed that this had been updated accordingly.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

#### Is care effective? (Quality of management)

The home had policy and procedures in place relating to dying and death of a resident. We noted that these did not reference the current best practice guidance. We made a recommendation in this regard. We also recommended that education should be made available to the staff team relating to death and bereavement. This can be achieved through sharing of best practice guidance at staff team meetings and individual staff supervision.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

**Is care compassionate? (Quality of care)**

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home.

The news of the resident's death had been given to fellow residents in a sensitive manner. Over the following weeks and months the residents were supported by staff to reminisce and share memories which helped them to come to terms with the loss of a friend.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral and to visit the grave after the burial.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

**Areas for improvement**

There were two areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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**5.4 Theme: Residents receive individual continence management and support****Is care safe? (Quality of life)**

Staff had not recently received training in continence management. We made a recommendation that education should be made available to the staff team relating to continence management and support. This can be achieved through sharing of best practice guidance at staff team meetings and individual staff supervision. We included this area in the recommendation already made in section 5.3. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the

system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is care effective? (Quality of management)**

The home did not have written policy and procedures relating to continence management and promotion. We made a recommendation that suitable policy and procedures should be developed.

We reviewed the care records of one resident with complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. We noted also that a full continence assessment had been completed by the community specialist nurse. The quality of the person centred care plans was to be commended.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

### **Is care compassionate? (Quality of care)**

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### **Areas for improvement**

There was one area of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.5 Additional areas examined**

### **5.5.1 Residents' views**

We met with five residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "It's great here."
- "I'm very happy here, I love it."

### **5.5.2 Staff views / staff questionnaires**

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. The information contained in the three returned staff questionnaires confirmed that other staff members felt satisfied with these areas.

Some comments included:

- “I think the residents are looked after to a very high standard. I feel the atmosphere in the home is very good and this is an excellent place to work.”
- “I have found the level of care in this home to be the best I have seen and am glad to be a part of this team.”

### **5.5.3 Environment**

The home was found to be clean and tidy. Décor and furnishings are of a good standard.

### **5.5.4 Staffing**

At the time of inspection the following staff members were on duty:

- 1 manager
- 1 senior care assistant
- 1 care assistant
- 1 cook
- 2 domestic staff for cleaning and laundry
- 1 care assistant in the day care unit

One senior care assistant and one care assistant were scheduled to be on duty later in the day. One staff member was scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### **5.5.5 Care practices**

In our discreet observations of care practices we evidenced residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.6 Accidents / incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### **5.5.7 Complaints / compliments**

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

### **5.5.8 Fire safety**

The home had a current fire safety risk assessment dated 17 November 2014. The registered manager advised us that no recommendations had arisen from this. Fire alarms were tested weekly. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

## Areas for improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joanne McDonald as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered manager should ensure that the policy relating to dying and death of a resident is updated to reference the current best practice guidance  Ref. section 5.3.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The policy relating to dying and the death of a resident is in the process of being updated and will be completed within the agreed timescale.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered manager should ensure that staff education is provided relating to death and bereavement and to continence management.  Ref. section 5.3.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff will have training relating to the death of a resident and the policy and procedures to be followed within the agreed timescale. Training will also be provided on the promotion and management of continence. Awaiting the new incontinence nurse to be settled in her role and will ask if it is possible that she could carry out some training /education of staff in the promotion and management of continence		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	The registered manager should ensure that policy and procedures relating to continence management and promotion is developed.  Ref. section 5.4.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> . The policy and procedures relating to continence are in the process of being developed and will be completed within the agreed timescale.		
<b>Registered Manager Completing QIP</b>		Joanne McDonald	<b>Date Completed</b> 29.6.15
<b>Registered Person Approving QIP</b>		Rhoda McDonald	<b>Date Approved</b> 29.6.15
<b>RQIA Inspector Assessing Response</b>		Alice McTavish	<b>Date Approved</b> 3 July 2015

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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