

Inspection Report

12 November 2021



Seafort House

Type of service: Residential Care Home
Address: 6 Queen Street, Warrenpoint, BT34 3HZ
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Seafort House Registered Person: Mrs Rhoda Elizabeth McDonald	Registered Manager: Mrs Joanne McDonald Date registered: 1 April 2015
Person in charge at the time of inspection: Mrs Joanne McDonald (From 9.00am to 1.00pm) Ms Annie Fitzpatrick – Person in Charge (From 1.00pm onward)	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 care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 13 residents. Residents' bedrooms are located on the first and second floors in the home. Communal lounge, dining and activity rooms can be found on the ground floor. Residents have access to a recently landscaped garden at the back of the home.	

2.0 Inspection summary

An unannounced inspection took place on 12 November 2021 from 9.20am to 4.00pm 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.

Residents described living in the home as a positive experience. They described how they spent their day doing the things that they enjoyed. Residents were supported in making their own decisions in how they spent their day. All residents were well presented in their appearance. Comments received from residents and staff are included in the main body of this report.

Areas for improvement were identified in relation to infection control, restrictive practice and mealtime options.

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.

Staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

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 and 'Tell Us' cards 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 Annie Fitzpatrick, Person in Charge, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with 10 residents and three staff. Residents spoke positively on the care that they received and with their interactions with staff. Staff were confident that they worked well together and enjoyed working in the home and interacting with the residents. There were no questionnaire responses and 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 24 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: First time	The registered person shall ensure that residents' risk assessments are reviewed, at minimum, annually or as their condition changes.	Met
	Action taken as confirmed during the inspection: Risk assessments reviewed during the inspection had been reviewed on a regular basis.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that residents' care records are audited to maintain the quality of the record keeping processes in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. An annual training planner was utilised to identify training dates and an online matrix was maintained to ensure compliance with identified training. Staff confirmed that they received a good induction when they commenced employment in the home. The majority of training was completed electronically and the manager confirmed that some additional face to face training had been arranged for 2022. Fire drills had been conducted regularly. Staff confirmed that the training they received was sufficient in helping them to meet their roles in the home.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staff confirmed that residents' needs were met with the number of staff on duty. Checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council. Staff said there was good teamwork in the home.

Residents spoke highly on the care that they received and confirmed that staff attended to them when they requested them and that they would have no issues on raising any concerns that they may have to staff. 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.

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. Staff 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. Staff confirmed the importance of keeping one another up to date with any changing needs in residents' care throughout the day. Staff confirmed that they felt communication in the home between staff and management was good. A staff noticeboard was utilised to keep staff up to date with Coronavirus information.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. Staff were observed to be prompt in recognising residents' needs and any early signs of distress. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

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.

We reviewed the care records of a resident who had a restrictive practice implemented. The care records were not sufficient in detail to identify the decision making process for the use of the restrictive practice or to identify who this was discussed with. There was no evidence of consent obtained prior to use and the use of the restrictive practice had not been included within the resident's care planning. This was discussed with the manager and identified as an area for improvement.

The number of accidents in the home was low. Accident records had been completed and reflected that these had been managed appropriately and the correct persons, including next of kin, RQIA and the commissioning Trust, informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff were aware of residents' nutritional requirements in accordance with speech and language therapy recommendations. These recommendations were also reflected within the residents' care records. All food served had also been prepared in the home. Staff were aware of residents' food preferences and the food served looked appetising and nutritious. However, the menu only offered one option at mealtimes and whilst alternatives were provided when residents did not like the meal option, an area for improvement was identified to ensure

that the mealtime menu offered a choice of meals at mealtime. Meal options should also include compatible food options for residents who require to have meals modified. Residents did inform us that one day per week they ordered lunch from a local restaurant and could select anything they preferred from the menu. It was clear that this was enjoyed by all of the residents.

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 the lounge, dining room and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. There was evidence of recent redecoration in the home and the manager confirmed that additional redecoration had been planned.

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.

Hand hygiene and personal protective equipment (PPE) was available at the entrance to the home. There was good signage throughout the home instructing on how to perform hand hygiene and how to don and doff PPE safely. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, during the inspection, three staff were observed wearing wrist jewellery which would impede on effective hand washing. This was discussed with the manager and identified as an area for improvement.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff. On entry to the home, visitors, including professional visitors, were required to have a temperature check and complete a declaration check list to identify if any were having symptoms and/or had been in potential contact with anyone with Covid. All visitors were required to wear PPE and visits were by appointment only. Environmental infection prevention and control audits had been conducted monthly. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how and where they spent their day. Residents and staff confirmed that residents could remain in their bedroom or go to a communal room when they requested. The enclosed garden area to the back of the home had been re-landscaped since the last inspection. Residents spoke fondly of gardening which they had been involved in. The garden allowed for seating areas and high level flower beds were easily accessible to residents. All residents were presented well in their appearance and appeared settled and comfortable in their environment.

A day care coordinator had been employed to oversee the provision of activities in the home. Social activities were facilitated daily. Activities were conducted on a one to one and on a group basis. Residents were consulted in relation to the activity provision and their thoughts and views were taken into consideration when planning activities. Activities were conducted in the activities room. Activities included arts and crafts, games, baking, quiz, pampering, movie nights, yoga, singing and dancing. A separate lounge area was available for residents to watch television or listen to music. Residents spoke of going for walks, coffee, shopping or just out for a drive. Some of the residents had been on a day trip to Carlingford on the day prior to the inspection.

Residents were involved in regional zoom workshops arranged by the Trust. Workshops were conducted remotely and residents could view these on a television. The workshops included sessions on dance and relaxation, music and singing and creative art.

Residents spoke fondly of Friday and Sunday nights being 'Treat Nights' when they could get a favourite treat to enjoy. Residents also looked forward to a takeaway on Fridays. Residents told us that staff were very good to them and would sort out any concerns or worries that they may have.

Residents' meetings were conducted monthly and minutes of the meetings were recorded. Meetings gave the residents opportunities to discuss what was happening in their lives and what they had enjoyed doing. This was also an opportunity to discuss COVID related matters such as visiting, receiving the booster and family contacts. Residents could choose not to attend the meetings and reasons for non-attendance were also recorded.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents. The manager confirmed that care partner arrangements had been offered, though, no one wished to progress this role.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Joanne McDonald has been the registered manager in this home since 1 April 2015.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A system was in place to record any complaints about care or any service they received in the home. Records included the detail of the complaint and the corresponding investigations and/or actions taken in response to the complaint including the responses to the complainants. A compliments book was also maintained to record verbal compliments received in the home. Cards and letters of thanks were retained in the home. All compliments were shared with staff.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. 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 manager was the adult

safeguarding champion (ASC) in the home. The ASC has responsibility for implementing the regional protocols and the home's safeguarding policy.

The home was visited each month by the registered provider 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Staff commented positively about the manager and the management team and staff felt that managers would listen to them if they had any concerns. Staff described the home's management as 'supportive' and 'approachable'. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1)

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Annie Fitzpatrick, Person in Charge, 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 Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 10 Stated: First time To be completed by: 12 December 2021	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: The careplan of the identified resident has been updated to include the information required, regarding a restrictive practice that is in place in order to maintain the safety of the identified resident.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 12 December 2021	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: The menu shows 2 meal options available to the residents at mealtimes each day. Currently the modification of meals requires that staff ensure that meals are cut up into bite-size pieces - IDDIS Level 7 - residents with this requirement are therefore able to choose from the daily menu available to all residents with the required modification made.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff were reminded of the requirement under Infection Prevention and Control that they must ensure they are bare below the elbows. A refresher class organised by the CEC on Infection Prevention and Control was attended via zoom by a number of staff, on 6 th January 2022. A further number of staff who were unable to get booked onto this course are registered for the next refresher course on the 1 st February 2022. Any remaining staff hope to register on the next available course with the CEC.

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