The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Seafort House

Provider: Seafort House

Date of Inspection: 1 July 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Seafort House
Responsible Individual:	Ms Oonagh McDonald
Registered Manager:	Ms Oonagh McDonald
Service Profile: Seafort House is a registered residential care home which provides health and social care for up to 13 residents with a learning disability. Residents' bedrooms are located over the first and second floors. Residents also have access to a communal lounge, dining room and an enclosed garden area to the rear of the home.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2025, from 10.30am to 1.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine related care plans and the majority of medicine records were well maintained. There was evidence that staff had received training and been deemed competent to manage medicines. However, improvements were necessary in relation to personal medication records.

Whilst areas for improvement were identified, there was evidence that residents were being administered their medicines as prescribed.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

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

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, 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 areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Questionnaires completed by/on behalf of residents indicated that staff provide residents with enough time to take their medicines and pain relief is offered if needed. Comments included: "I am happy with my medication" and "The staff make sure I get all my medication."

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

RQIA did not receive any responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 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 were accurate and up to date. In line with best practice, a second member of staff should check and sign the personal medication records when they are written and updated to confirm that they are accurate. The personal medication records reviewed had not been verified by a second member of staff. In addition, a photograph of the resident was not available. An area for improvement was identified.

Copies of residents' prescriptions were not retained so that any entry on the personal medication record could be checked against the prescription. The importance of retaining copies of prescriptions was discussed with the senior carer in charge.

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 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 record and resident-centred care plans were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. Records of administration included the reason for and outcome of each administration. One resident's care plan required updating with the details of their "when required" medicine. This was discussed with the senior carer for correction and ongoing vigilance.

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

Medicine 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.

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

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

3.3.3 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. The records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

There was evidence of limited audit activity including running stock balances for medicines which were not supplied in monitored dosage system. The audits completed at the inspection indicated that medicines were administered as prescribed.

Dates of opening were recorded in the medicines administration records to provide an audit trail. The date of opening was not recorded on one resident's eye preparation to facilitate audit and disposal at expiry, this was highlighted to the deputy manager for correction and ongoing vigilance.

Staff were directed to the medicines management audit tool which is available on RQIA website.

3.3.4 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/readmissions to the home. 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 GP and community pharmacist.

3.3.5 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. The implementation of a robust audit system will help staff to identify medicine related incidents. (see Section 3.3.3)

There had been no medicine related incidents reported to RQIA since the last medicines management inspection. The inspector signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents available on the RQIA website.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

3.3.6 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 their staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvement.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	6*

* the total number of areas for improvement includes six which were carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan was discussed with the 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 12 May 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard. This area for improvement is made with specific reference to access to the pantry, laundry room and supervision and storage of sharps and cleaning chemicals.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time	The registered person shall ensure that personal medication records are verified by a second staff member, and include a photograph of the resident where permission is granted. Ref: 3.3.1
To be completed by: 1 July 2025	**Response by registered person detailing the actions taken:** The Registered Person will ensure that all personal medication records (Kardex charts) for residents are verified by a second senior staff member to promote accuracy and accountability. In addition to the existing system where individual residents' photographs are displayed on their personal medication boxes, a digital photograph of each resident will now also be included on the Kardex chart. This measure will further strengthen the identification process, ensuring a robust and reliable medication administration system is in place.

Area for improvement 2 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 1 September 2024	The registered person shall conduct a review of the home's environment to identify refurbishments required and complete a time bound action plan to address any issues identified. This plan should be shared with RQIA for review.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 3 **Ref:** Standard 23.6 **Stated:** First time **To be completed by:** 30 June 2025	The registered person shall ensure an up to date record of all staff mandatory training compliance is kept in the home.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 4 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 1 July 2025	The registered person shall ensure that competency and capability assessments for the person left in charge of the home, in absence of the manager are kept under review.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 5 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** 1 July 2025	The registered person shall ensure that they review the current system for recruitment of staff in the home. A checklist should be put in place to include: gaps in employment, reasons for leaving and employment history.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 12 May 2025	The registered person shall ensure that staff wear the correct Personal and Protective Equipment (PPE) during meal times in the home.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

The Regulation and Quality Improvement Authority

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

Web: www.rqia.org.uk

Twitter: @RQIANews