

# Inspection Report

**Name of Service:** Seafort House

**Provider:** Seafort House

**Date of Inspection:** 12 May 2025

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

## 1.0 Service information

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

## 2.0 Inspection summary

An unannounced care inspection took place on 12 May 2025, from 10.00 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement from the previous care inspection on 20 June 2024 were assessed as having been addressed by the provider. One area for improvement was not assessed and will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **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 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 resident's, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are kind", "staff listen to me" and "the staff are super". Residents spoke highly of activity provision in the home and had enjoyed attending a Daniel O'Donnell concert with staff recently.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Ten questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The system in place to monitor staff compliance with mandatory training needed reviewed. It was unclear from the current system if staff working in the home had received/completed the relevant mandatory training commensurate to their role and function within the home. An area for improvement has been identified.

A review of staff competency and capability assessments for the person left in charge of the home, in absence of the manager, highlighted that seven needed reviewed. An area for improvement has been identified.

A review of staff recruitment records highlighted that the current system in place was not robust. For example, it was unclear if employment history, reasons for leaving and gaps in employment had been explored prior to commencement in post. An area for improvement has been identified.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

It was noted during the lunchtime meal that staff were not wearing any Personal and Protective Equipment (PPE) as per regional guidance. An area for improvement has been identified.

Activities for residents were provided which included both group and one to one activities. Residents spoke highly of activity provision in the home and told us that they enjoyed a range of activities including, fitness classes, friendship club, movie nights, outings in the local community and sensory based activities.

Observation of the planned activity, which was a fitness class, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. This was discussed with the manager and the refurbishment plan was shared with RQIA for review. RQIA are satisfied that refurbishment has been identified, the home has experienced unforeseen delays to works and an action plan is now in place to address those areas noted during inspection. The previous area for improvement will be carried forward to the next inspection to allow the home more time to complete refurbishment, which will enhance the overall quality of life and lived experience of the residents' living in the home.

Observations identified some concerns with environmental risk management. For example; one storage room and the laundry were not locked and items were being stored in these rooms such as sharps and cleaning spray, which were accessible to residents. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Oonagh McDonald has been the Registered Manager in this home since June 2024.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	5*

\* the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Oonagh McDonald, 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 The Residential Care Homes 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.

Ref: 3.3.4

#### **Response by registered person detailing the actions taken:**

To help maintain a safe and supportive environment at Seafort House, all team members are asked to ensure that the vegetable preparation room stays locked when not in use. When the cook is working in this space, she is responsible for locking the door each time she leaves, even briefly.

All staff will continue to follow the principles of COSHH by ensuring that cleaning materials are always stored safely and securely in the designated COSHH cupboards located in the laundry room. This ongoing commitment helps protect everyone at Seafort House and supports a safe and healthy environment for residents, staff, and visitors alike.

At Seafort House, we remain committed to maintaining a safe, supportive environment that upholds best practice and prioritises the wellbeing of all residents, staff, and visitors.

As part of this commitment, it is essential that areas with potential risks—such as the vegetable preparation room—are kept securely locked at all times. This simple but vital measure helps reduce avoidable hazards and ensures that everyone is protected within our environment.

Together, through consistent and shared responsibility, we will continue to make Seafort House a safe, inclusive, and welcoming place for all.

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 December 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2024</p>	<p>The Registered Person shall conduct a review of the homes 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.</p> <p>Ref: 2.0 &amp; 3.3.4</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p>The Registered Person shall ensure an up to date record of all staff mandatory training compliance is kept in the home.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Implementing a more robust monitoring system that displays all staff members collectively in a printed and signed format will enhance accessibility and oversight of training information. While training compliance is currently monitored and reviewed digitally, a paper-based version is now printed and stored in the staff training file. This will support more transparent and systematic reviews, ensuring training records are readily available for inspection and audit purposes. To enhance oversight and accountability, a full team training matrix is printed monthly, clearly displaying the training status of all staff members. This document is formally reviewed and signed off each month as part of routine management processes.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>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.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> To strengthen governance and ensure consistent standards of care, a structured programme of auditing and competency review has been introduced and will continue to be reviewed. As part of this process, the competences of staff members who may be required to take charge of the home in the manager's absence will be reassessed. This ensures that anyone stepping into a leadership role - is equipped with the necessary skills, knowledge and confidence to oversee the day-to-day running of Seafort House. Through this ongoing review, the manager can be assured that those entrusted with responsibility in their absence are fully prepared to maintain high standards and support both residents and staff effectively.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>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.</p> <p>Ref: 3.3.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 May 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A fully robust staff recruitment process will be on-going. A comprehensive checklist has been introduced to ensure that all necessary documentation is accounted for and retained in printed form within the staff member's personnel file. This checklist will be completed in full prior to the commencement of employment for all new hires, ensuring that all required documentation is thoroughly reviewed and appropriately filed. The manager is committed to enhancing the existing hiring policy and procedures to ensure that all documents are easily accessible, up to date, and consistently maintained in a dedicated personnel file.</p> <p>The Registered Person shall ensure that all staff wear the correct Personal and Protective Equipment (PPE) during meal times in the home.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff involved in food preparation and handling are required to use Personal Protective Equipment (PPE) in accordance with food hygiene regulations. This is a standard practice at Seafort House and must be consistently followed during all stages of meal preparation and handling. Compliance will be monitored more closely to ensure adherence, and to prevent any lapse in this essential practice from becoming routine. The manager will implement regular monitoring of this practice through a combination of scheduled reviews, spot checks, and informed observation to ensure consistent compliance.</p>

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



The Regulation and  
Quality Improvement  
Authority

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