

Inspection Report

20 June 2024



Seafort House

Type of Service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Seafort House	Registered Manager: Mrs Joanne McDonald
Registered Person: Mrs Rhoda Elizabeth McDonald	Date registered: 1 April 2015
Person in charge at the time of inspection: Annie Fitzpatrick – Senior Care Assistant	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: 12
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 who have a learning disability. Residents' bedrooms are located over the first and second floors and residents have access to communal lounge areas; an activity room and a dining room. There is an enclosed garden area to the rear of the home.	

2.0 Inspection summary

An unannounced inspection took place on 20 June 2024, from 10.00 am to 3.00 pm by a care inspector.

The inspection assessed progress with the area 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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

RQIA were assured that the delivery of care and service provided in Seafort House was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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 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 the manager at the conclusion of the inspection.

4.0 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 good fun", "staff are great" and "I have friends here, this is my home".

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

Residents who were less well able to communicate looked well cared for, comfortable and content in their surroundings and in the company of staff.

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.

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 21 st September 2023		
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)(b) Stated: First time	The registered person shall ensure that all residents' care plans are subject to regular review to make sure that they remain up to date.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been partially met and will be re stated for a second time. Please see section 5.2.2 for further details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Advice was provided to the manager to ensure the duty rota consistently identifies the person in charge when the manager is not on duty. This will be reviewed at the next care inspection.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager, the manager confirmed that these are reviewed on an annual basis.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team (SALT).

Review of residents care records evidenced that while care plans were being reviewed on a regular basis, a number of the care plans had not been updated to ensure they continued to meet the needs of residents. For example, a resident's care plan and risk assessment had not been updated to include details of changes to the resident's physical health. Another resident who required a modified diet, did not have the details of this need recorded in their care plan. An area for improvement has been stated for a second time.

Review of resident's care records evidenced that while care plans were in place, individualised risk assessments had not been completed to highlight specific risks for residents or others involved in delivering their care. For example, a resident with a specific risk factor recorded in their care plan in relation to their behaviour, did not have a risk assessment in place to identify the risk for them or staff. Also, residents who required modified diets following assessment by the Speech and Language Team (SALT), did not have specific risk assessments in place. An area for improvement was identified.

There was evidence that care records did not always demonstrate best practice approaches to person centred care and recording principles. For example; when recording details of residents needs and behaviour staff did not always use person centred language. An area for improvement has been identified.

At times some residents may be required to use equipment that can be considered restrictive. For example; alarm mats. However; there was no restrictive practice register in place for the

home, despite restrictive practices being used. This is an important method to ensure restrictive practices are being reviewed regularly and should be considered by the management team as part of their governance and oversight arrangements.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Residents care records were held confidentially.

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.

Staff ensured that residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and looked appetising.

There was no menu on display in the dining room for residents or their representatives to view. An area for improvement has been identified.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

The home is an older, period style building that has been converted into a residential care facility. The home was warm and comfortable for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings. There were no malodours detected in the home.

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. Flooring in parts of the home was worn and stained and needed to be effectively cleaned or replaced. Doors, rails and skirting throughout the home were damaged and worn and need re-painted or replaced. Communal areas throughout the home, including the dining room required modernising and furniture upgraded due to wear and tear. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The manager confirmed in writing to RQIA following the inspection that the Fire Risk Assessment for the home was completed on 2 July 2024.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

Residents confirmed that they were able to choose how they spent their day. For example; residents could have a lie in or choose to get up early. Staff offered choices to residents throughout the day, for example; what they would like to eat and drink or if they would like to engage in an activity or not.

Throughout the morning some residents spent time in the activity room socialising and completing arts and crafts activities. Other residents preferred to spend time in the living room watching TV and relaxing. Staff supported residents before lunch to attend a Tai Chi activity in the local park. Residents spoke positively about this activity on their return to the home.

There was an activity planner available for residents and their representatives to view. Activities offered in the home included, coffee outings, trips around the local area, birthday celebrations, pampering, friendship groups, walking groups and activities offered in the evenings through local clubs.

Residents meetings were held each month, however the minutes of these meetings were not recorded formally, they were hand written and did not include an agenda, outcomes or actions identified. An area for improvement has been identified.

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 manager in this home since 1 April 2015.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about the residents, care practices or the environment. Staff confirmed that there were good working relationships between staff and the home's management.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. Advice was provided to the manager to include the upgrading of paintwork throughout the home in the environmental audits moving forward. This will be reviewed at the next care inspection.

It was established that 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.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff meetings were held accordingly and included a comprehensive list of agenda items. A review of these records evidenced good recording practices, including a list of actions identified, person responsible and date achieved by.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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; however, there was a three-month period where there was no consultation with relatives or representatives of residents. An area for improvement has been identified.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes’ Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	5

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 15 (2) (b) Stated: Second time To be completed by: 1 October 2024	The registered person shall ensure that all residents’ care plans are subject to regular review to make sure that they remain up to date. Ref: 5.1 & 5.2.2 Response by registered person detailing the actions taken: All Care Assessments and Careplans are in the process of being reviewed to ensure all aspects of the residents individual needs are included. Once completed all documentation will continue to be reviewed at least quarterly, or more frequently, if required.

<p>Area for improvement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2024</p>	<p>The registered person shall ensure that residents relatives and/or their representatives are consulted on their views of the care and services provided in the home during the Regulation 29 visits, and records maintained.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Families will be contacted and consulted regarding their view of the care and services provided within the home if no-one is available to be consulted on the day of the Regulation 29 visits</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2024</p>	<p>The registered person shall ensure that individual risk assessments are completed to inform the care planning process, updated when necessary and kept under review for the identified residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: As part of the review of each individual resident's care assesments and careplans, all risk's to the resident are identified and highlighted. These rewritten documents are in the same format as that used within the SHSCT and will be renamed as Individual Care and Risk Assessment and Individual Care and Risk Management Plan. The Care and Risk Assessments are used to inform the Care and Risk Management Plan. These will be reviewed quaterly or more frequently if required.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2024</p>	<p>The registered person shall ensure that professional, person centred language is used in accordance with best practice when recording information in care records regarding residents needs and/or behaviour. Guidance should be provided to staff and records monitored.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff currently care for each resident using Person- Centered Care however the documentation of this does not truly evidence the care given. All care staff will have completed training on Person-centered Care and Record Keeping, to improve on their documentation, in line with best practice, by 1st October 2024</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2024</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each meal time.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A collection of photos of the various meals served each day are being gathered and displayed in the dining-room to enable the residents and their representatives to see what is available each mealtime</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 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: 5.2.3</p> <p>Response by registered person detailing the actions taken: A review of the environment identifying areas for improvement and / or refurbishing is currently underway. This review also incorporates the findings of the quaterly Environmental Audit carried out by the Registered Manager and the improvements identified by the Registered Provider during her monthly visits. The completed list and proposed time frame will be shared with RQIA .</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.5</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that a formal record of residents’ meetings is maintained which is preferably typed with an agenda, details of the actions agreed, who is responsible for the action and date the action is achieved by.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Currently a formal, handwritten record of the residents meeting as it occurs is maintained. These meetings take the form of an informal gathering of all residents where residents share their views, thoughts and feelings and put forward suggestions of how they would like their care to proceed and make suggestions</p>

for activities they would like to do/try. They share what they did or did not like or enjoy, in the time from the previous meeting. This could range from what they had for desert to, how the last day-trip or hotel stay went. The residents are very comfortable and forthcoming at these meetings sharing their thoughts and ideas. They look forward to the next meeting when it comes around. As identified as an area of improvement, these meetings will be formalised with all the parts of the formal meeting process incorporated; ie. a written agenda, actions, dates and the person identified to complete the actions identified during the meeting.

OR

All meetings from the 1st September will be formally recorded, preferably typed with an Agenda, details of actions agreed, who is responsible for the action and the date the action is achieved by.

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



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