

Inspection Report

Name of Service:	Seaview House
Provider:	Kingsfield Enterprises Limited
Date of Inspection:	14 May 2026

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:	Kingsfield Enterprises Limited
Responsible Individual/Responsible Person:	Mrs Valerie Elizabeth Atcheson
Registered Manager:	Mrs Ruth Magowan
Service Profile – This home is a registered nursing home which provides general nursing care for up to 22 patients, including patients with a terminal illness. Seaview House also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years. Patients' bedrooms are located over three floors. Patients have access to communal lounges, the dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2026, between 10.00 am to 4.00 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 17 April 2025; 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 patients 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider and four areas for improvement have been carried forward for review 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 patients, 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

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after. Comments included "very kind staff". Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Discussion with relatives confirmed that they were very satisfied with the care and services provided to their loved one.

Staff told us teamwork was good and that they enjoyed working in Seaview House.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires.

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 patients. There was evidence of robust systems in place to manage staffing.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. There was a choice of meals offered, the food was attractively presented and smelled appetising. Patients were observed enjoying their meal and staff were attentive to patients' needs. Comments from patients pertaining to lunch was "very nice".

The activity co coordinator was very enthusiastic about their role. Discussion confirmed that a regular programme of activities to include, for example, music, reminiscent therapy, teapot Tuesdays and sing a longs were available for patients and individual time was allocated to patients who preferred to remain in their bedroom. Detailed records were maintained to evidence patient engagement and discussion confirmed that the activity coordinator was very aware of patient preferences.

3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Ruth Magowan has been the manager of the home since 25 October 2018.

Staff commented positively about the manager and described them 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. A discussion took place with the management to further develop the suite of audits to enhance the managerial oversight of the quality of care and services provided within the home, this will be reviewed at a future inspection.

The home is required to be visited each month by the registered provider or representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were not available for review on the day of inspection. The area for improvement pertaining to the Regulation 29 reports identified at the previous inspection has been carried forward for review at a future inspection and a new area for improvement has been identified.

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
Total number of Areas for Improvement	2*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect (17 April 2025)	The registered person shall ensure that the monthly visits and the reports of these visit are completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Where the need for improvements are identified these should be a system in place to ensure the necessary improvements have been made. Ref: 2.0 and 3.3.5
	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.
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect (14 May 2026)	The registered person shall ensure that the monthly monitoring reports are available in the home in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Ref: 3.3.5
	Response by registered person detailing the actions taken: Reg 29 reports will be available in office at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (21 November 2024)	The registered person shall ensure that accurate personal medication records are maintained and that they are signed and verified as accurate by two trained members of staff. Ref: 2.0
	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.

Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: With immediate effect (21 November 2024)	The registered person shall ensure that hand written medicines administration records contain the full date and are verified as accurate by two trained members of staff. Ref: 2.0 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.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: With immediate effect (21 November 2024)	The registered person shall implement a robust audit which covers all aspects of medicines management. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 2.0 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.

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The Regulation and
Quality Improvement
Authority

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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