

# Inspection Report

1 March 2022



## Seabank

**Type of service: Residential Care Home**  
**Address: 12a Bath Terrace, Portrush, BT56 8AN**  
**Telephone number: 028 7082 4285**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Seabank Private Residential Home</p> <p><b>Registered Persons</b> Mr William Duncan Miss Amanda Duncan Mrs Diane Risk</p>	<p><b>Registered Manager:</b> Miss Amanda Duncan</p> <p><b>Date Registered:</b> 24 January 2022</p>
<p><b>Person in charge at the time of inspection:</b> Miss Amanda Duncan - manager</p>	<p><b>Number of registered places:</b> 37</p> <p>Not more than 3 persons in category RC-MP and 1 person in category RC-PH. Maximum of 5 persons in RC-DE category of care.</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia. MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 36</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 37 residents. Resident bedrooms are located across three floors and can be accessed via a lift, stairs or chair lift. There are two communal lounges and one dining area situated on the ground floor. An activity area is also located on the first floor.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 1 March 2022 from 10:15am to 3.20pm 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.

The inspection focused on staffing arrangements, namely, recruitment and selection processes; care delivery and record keeping, specifically in relation to the management of falls; and management and governance arrangements in the home including the reporting of notifiable incidents to RQIA and monthly monitoring reports.

The home was observed to be warm, clean and tidy. Residents were observed throughout the home including their bedrooms, dining room and communal lounges. Residents were well presented and spoke positively about their care in Seabank.

It was evident that staff members were knowledgeable and well trained to deliver safe and effective care. Staff told us that Seabank was a good place to work and that they felt supported in their role.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

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 Amanda Duncan at the conclusion of the inspection.

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

As part of the inspection process we spoke to 17 residents and two members of staff.

Residents spoke positively about Seabank and told us that it is a good place to live. Residents said:

- “The staff are nice and friendly. The food is good. I have no worries or concerns”.
- “I’m very well looked after”.
- “It’s like a hotel, it’s great. The staff members are good, the food is good. I get a newspaper daily and when I ask for a cup of tea I get it”.
- “The staff members are first class. Is there a higher class? Because if there was the staff would be it”.

Staff told us that Seabank was a good place to work and they felt well supported in their role.

Staff said:

- “The care here is very good. The residents are first and foremost. We all work well together and support each other. The manager is approachable”.
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- “The residents are well cared for. I would book myself in if I could. I feel listened to and the management is approachable”.

No resident or staff questionnaires were returned.

#### **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 9 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (a) (b)  <b>Stated:</b> First time	<p>The registered persons shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment; this refers specifically to the timely obtaining of enhanced AccessNI checks. The registered persons shall also ensure that the home's current selection and recruitment policy is reviewed and revised to ensure that it is in keeping with best practice.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b>  A review of recruitment files evidenced that this area for improvement was met.</p> <p>This is further referenced in Section 5.2.1.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 30 (1) (c) (d)  <b>Stated:</b> First time	<p>The registered person shall ensure that all notifiable incidents are reported to the RQIA in keeping with Regulation.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b>  A review of accidents and incidents evidenced that this area for improvement was met.</p> <p>This is further referenced in Section 5.2.5.</p>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 29 (1) (4) (c)  <b>Stated:</b> First time	<p>The registered person shall ensure that monthly monitoring reports are robustly completed so as to identify deficits and drive necessary improvements in a sustained manner.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b>  A review of monthly monitoring reports evidenced that this area for improvement was met. However, these visits could be further enhanced by meeting with more residents/ staff / and relatives in order to form a broader opinion of the services provided in Seabank.</p> <p>This is further referenced in Section 5.2.5</p>	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	The registered person shall ensure that residents' assessments are kept under regular review so that they are up-to-date and accurately reflect residents' needs at all times.  This is specifically in relation to ensuring that falls risk assessments are updated and reviewed following a fall.	Met
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement was met.  This is further referenced in Section 5.2.2.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Since the last inspection the manager has revised the home's recruitment and selection policy which is now in keeping with regulations and standards. A review of recruitment records evidenced that references had been obtained and AccessNI clearance had been sought and received prior to an offer of employment being made. Effective systems were in place to ensure recruitment processes were in keeping with the homes recruitment and selection policy. There was also evidence of a structured orientation and induction programme for new employees.

Systems were in place to ensure staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). There was evidence that the manager had good oversight of this and that it was under regular review.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was good team work and that they felt well supported in their role. 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.

Staff told us that the residents' needs and wishes were very important to them and that they came "first and foremost". Staff members were observed to respond to residents promptly and in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in attending residents needs and preferences. One resident told us that they required assistance with personal care and activated the nurse call system. A staff member attended to the resident promptly, offering reassurance and assistance.

Staff members were observed to be skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. One resident was finding it difficult to talk to us due to impaired communication. A staff member recognised this and supported the resident in communicating their needs. It was evident that the staff member was familiar with this resident and a warm exchange was observed between the staff member and resident.

It was observed that staff respected residents' privacy such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise with each other. The atmosphere was observed to be calm, relaxed and unhurried. The menu was on display in the dining room and choices of meals were available. The food was attractively presented and smelled appetising and portions were generous. Residents were observed enjoying their meal and their dining experience.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, onward referrals had been made to the GP for a resident who had repeated falls. An examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. A review of accidents and incidents evidenced communication with the wider multi-disciplinary team including the GP and named worker. A review of care records evidenced that relevant risk assessments were updated post fall and falls observation charts maintained. The manager told us that training had been completed with all staff in relation to falls management since the last care inspection.

There was evidence that residents' needs were assessed at the time of their admission to the home. A care record was viewed for a new admission to the home which evidenced assessments and care plans were devised in a timely manner in order to direct staff on how to meet residents' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Care records were observed to be stored confidentially.

### **5.2.3 Management of the Environment and Infection Prevention and Control (IPC)**

A review of the homes environment included bedrooms, bathrooms and communal areas such as lounges and the dining room. The home was observed to be warm, clean and tidy. Residents' bedrooms were observed to be personalised with items important to them such as pictures and paintings etc.

The manager explained that a refurbishment plan is underway to re-decorate the downstairs communal areas including the two lounges and dining room. The plans are currently in progress and it is anticipated this work will commence at Easter.



Some IPC deficits were identified during the last care inspection in relation to one identified bathroom. Remedial action had been taken by the home to address these issues. The manager explained that work is due to commence to replace the existing shower in the incoming weeks. This will be reviewed at a future inspection.

There was evidence that 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, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Staff were observed to be adhering to IPC guidelines through the use of Personal Protective Equipment (PPE) and handwashing.

#### **5.2.4 Quality of Life for Residents**

Residents were observed throughout the home. Some residents were observed to be having a lie in while others were watching TV or reading in their bedrooms. One resident was observed in the dining room listening to an Alexa device while other residents spent their time in the communal lounges reading the daily newspapers, watching TV and conversing with one another.

There was a range of activities provided for residents by staff and the timetable for this was on display in the communal foyer. Residents told us they enjoy the activities on offer with one resident telling us he prefers to observe rather than partake.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents being noted by staff.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Miss Amanda Duncan remains the manager and registered with RQIA on 24 January 2022.

Staff members 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 residents, care practices or the environment. Staff spoke positively about the manager and described the management team as being supportive and available.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of accidents and incidents evidenced that appropriate onward referrals were made including consultation with the GP, named worker and next of kin. All notifiable events were reported to RQIA in accordance with regulation and standards.



A system of audits were in place in relation to the management of falls providing a regular analysis of accidents and incidents so to identify patterns and trends and drive any necessary improvement.

There was evidence that the home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine areas of the running of the home. The reports of these visits were completed and made available on the day of inspection. The registered provider could further enhance these visits by consulting with more residents, staff and relatives in order to form a more comprehensive opinion of the standard of care provided in the home.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Amanda Duncan, registered manager as part of the inspection process and can be found in the main body of the report.



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