



The Regulation and  
Quality Improvement  
Authority

## Primary Announced Care Inspection

**Service and Establishment ID:** Seabank (1324)  
**Date of Inspection:** 2 October 2014  
**Inspector's Name:** Ruth Greer  
**Inspection No:** IN017760

**The Regulation And Quality Improvement Authority**  
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**1.0 General information**

<b>Name of Home:</b>	Seabank
<b>Address:</b>	12a Bath Terrace Portrush Co Antrim BT56 8AN
<b>Telephone Number:</b>	028 7082 4285
<b>E mail Address:</b>	seabankdawn@yahoo.com
<b>Registered Organisation/ Registered Provider:</b>	Mr W A Duncan
<b>Registered Manager:</b>	Mrs D Fullerton
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Fullerton - Mr Duncan attended for the beginning of the inspection
<b>Categories of Care:</b>	RC-I ,RC-MP ,RC-MP(E) ,RC-PH(E), RC-PH, RC- DE
<b>Number of Registered Places:</b>	37
<b>Number of Residents Accommodated on Day of Inspection:</b>	36
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	5 February 2014 Primary announced inspection
<b>Date and time of inspection:</b>	2 October 2014 10:00 to 16:00
<b>Name of Inspector:</b>	Ruth Greer

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	15
Staff	3
Relatives	0
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	7 in time for inclusion in this report

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of service

Seabank Residential Care home is situated in Portrush, a small seaside town in Co Antrim. The residential home is owned and operated by Mr W A Duncan. The current registered manager is Mrs Dawn Fullerton.

Accommodation for residents is provided in single bedrooms over the top three floors of the building. The bedrooms at the front of the home have spectacular sea views. Access to the upper floors is via a passenger lift, stair lift and stairs.

Communal lounge and dining areas are provided on the ground floor and smaller lounge areas are provided on the upper floors.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home and 24 bedrooms have en suite facilities.

The home is registered to provide care for a maximum of 37 persons under the following categories of care:

### Residential care

I	Old age not falling into 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

## 8.0 Summary of Inspection

This primary announced care inspection of Seabank was undertaken by Ruth Greer on 2 October 2014 between the hours of 10:00 and 4:00. Mrs Fullerton was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mrs Fullerton completed a self-assessment using the standard criteria outlined in the standards inspected. The manager is commended for her comprehensive and in depth responses. The comments provided by Mrs Fullerton in the self assessment were verified by the evidence found by the inspector and were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one visiting professional discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed the returned staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## Inspection findings

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Seabank was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Seabank is compliant with this standard.

### **Resident, staff and visiting professional's consultation**

During the course of the inspection the inspector met with residents, staff and one visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, staff and visiting professionals are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, the visiting professional, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.



## **9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 5 February 2014**

No requirements or recommendations resulted from the primary announced inspection of Seabank which was undertaken on 5 February 2014.

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
Our policy and procedures in regard to responding to resident's behaviours reflect the homes commitment to provide an environment where a resident has a reasonable degree of freedom and will be treated with dignity and respect at all times. Our goals are to promote comfort, safe mobility, optimise function and independence and achieve the greatest possible quality of life for our residents. We do this by using care plans that are individually tailored to the person and by using a person-centred approach when providing care. We ensure that residents are enabled to communicate their needs and that their choice is key. Through staff training we ensure that staff are clear about what is acceptable practice and the need for effective and specific communication skills when dealing with behaviours that challenge. To date staff have recieved training on Managing Behaviours that Challenge, Restraint, Dealing with Aggression and Violence, Update on Human Rights regarding Older people and Effective communication. This has been carried out either in-house or through NVQ programmes of training. Particular emphasis is place on predictng, diverting and preventing aggressive/distressing incidents and the avoidance of direct confrontation wherever possible and will monitor staff attitudes and behaviours in regards to same. Any information regarding trigger factors and management processess will be maintained in residents care file and regularly reviewed ensuring involvement of resident, relative, care manager and multi- disciplinary team. Appropriate notifications will be sent to RQIA.	Compliant

<b>Inspection Findings:</b>	
<p>The home has a policy on Managing Challenging Behaviours dated January 2014 and one on Restraint and Restrictive Practice dated April 2014 in place. A review of the policies and procedures identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies included the need for Trust involvement in managing behaviours which challenge. They detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and their individual knowledge of residents means that potential triggers to challenging behaviours are recognised and, where possible, diverted.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Restrictive Practice/Challenging Behaviours in April 2014 which included a human rights approach.</p> <p>A review of six residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff feel supported and adequately trained to deal with the needs of the residents accommodated.</p>	Compliant

<b>Criterion Assessed:</b> 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> Occasionally we have residents who, for one reason or another, become distressed, frustrated, angry and upset and these kinds of emotions are most likely to give rise to difficult situations. It is important for staff to be aware of trigger factors, behaviour patterns and chief concerns, why the behaviour is judged to be a problem and the proposed solution. The care plan will be revise and updated as required. An individual who has behaviours which challenge has a right to be respected and treated in a manner that is professional, sensitive and skilled, respecting dignity and individual rights. We have no specific screening tool in place but the home has a copy of 'Poole's Algorithm' which details the assessment and management of disturbed behaviour and outlines ways to develop a consistent care plan for supportive communication and care. Staff are expected to always adopt a confident, calm, professional approach that demonstrates understanding, empathy and respect. The home has in place systems to report and record incidents of violence against staff and any identified risks are comprehensively assessed and systematically managed. Afterwards, it is important to evaluate the event. A review and discussion is important to ensure that this incident does not happen again. Staff will be supported by management and any training needs or additonal support required will be addresssed. A booklet detailing residents humans rights is availalbe for all residents/ relative/representative at reception.	Compliant

<b>Inspection Findings:</b>	
<p>The home’s policy included the following:</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. None were in relation to challenging behaviours. The uncharacteristic behaviours noted were in relation to illness. Staff had recognised the issues in each case and appropriate action had been taken.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> The manager will review all reports of aggression and violence and potential aggression and violence and look for any trends or patterns or lessons to be learned. An assessment will be carried out to determine the cause of behavioural changes, e.g is the person physically ill?, can they see, hear and understand you? Do they normally wear glasses and a hearing aid (and it is working properly)? Are there any language barriers? Are they in pain? Are they compliant with taking medication? These will be documented and referrals made to relevant professional body as required. Documentation by way of a Behavioural Chart can be helpful in mapping and understanding events. It includes : the Antecedent - what exactly happened before the event, the Behaviour- exactly what behaviour occurred and the Consequences - what response was there from others. This will be kept in the residents file for staff to observe and will assist all staff in maintaining a consistent approach to the behaviour. Any decisions regarding this will be discussed with the resident, their family, key worker and relevant bodies. Verbal and/or written agreements and consent (as appropriate) will be sought prior to any action being put in place. At present this is not required for any resident within the home.	Compliant
<b>Inspection Findings:</b> A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Where it is felt that a resident would benefit from a specific behavioural management programme, the home manager will consult and engage the support of the relevant body i.e. key worker, CPN, psycho-geriatrician etc. and a referral will then be made to the behavioural support team and a programme developed and implemented by the home and with the support of all relevant bodies. A regular and pro-active review of the residents care plans will be required to ensure the most appropriate level of care is being provided and the residents Human Rights are being upheld. Staff to date have receive training on Human's Rights issues and older people and also an update on Deprivation of Liberty Safeguards (Mental Capacity Act 2005). At present there is no behavioural management programme required for any resident within the home.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable
<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>All staff are aware of the possibility and provision of a Behavioural Support Programme in regards to residents needs. If there is the need for such a programme to be put in place they will be given support, guidance and specific training in regards to same. Regular review of the programme and staff management of same will be carried out by the home Manager. Staff are aware of the need to build up trust and rapport with residents and the importance of prompt reporting and recording of any behavioural concerns amongst residents to ensure the appropriate help and advice is sought without delay . At present there is no-one on a behavioural management programme but the manager will ensure all staff are aware of such a programme in place when required.</p>	Substantially compliant

<b>Inspection Findings:</b>	
<p>A review of staff training records evidenced that staff had received training in Behaviours which Challenge in April 2014.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they would be briefed in advance if any resident had a behavioural modification programme in place. There were no such plans in place for residents on the day of this inspection.</p>	Compliant
<p><b>Criterion Assessed:</b></p> <p>10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Occasionally incidents will occur that are un-predicted and un-expected. Fortunately, these incidents are very rare and the home does all it can to minimise this risk still further by compiling a comprehensive, person-centred care plan for all residents. All risks will be assessed and any identified risks will be managed. It is important for staff to deal with these issues using a Human Rights Approach. The Human Rights Act is an important mechanism for protecting older people against all forms of ill treatment and treating them with dignity and respect at all times. Any such incident will be reported and recorded in the residents care plan and an incident report completed. This record is used to evaluate the implications of what has happened and to learn from the event. The residents care plan will subsequently be reviewed on a regular basis. The residents named worker will be informed and any referrals made to relevant bodies/ multi-disciplinary team. The appropriate notification will be sent to RQIA giving comprehensive details of the incident.</p>	Compliant



<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from the date of the last inspection and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of six care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>One professional confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The homes policy and Statement of Purpose reflects current DHSSPS guidance on restraint and seclusion and also Human Rights Act (1998) which sets out clear guidance on the freedom of the individual and where the use of restraint must be justified by clear rationale and why other considerations are believed to override individual freedom of action. It is important that staff remain non-judgmental in their attempts to resolve disputes and have a thorough understanding of the homes policy and procedure in dealing with such incidences. Training has been carried out accordingly. The use of restraint is not advocated in Seabank, however, it is recognised that occasionally it may be necessary to ensure the safety of a resident. Through training we ensure that staff are clear about what is acceptable practice and restraint techniques. The use of restraint will only be used as a 'last resort' when we have explored every other possibility to ensure the residents safety and well-being. Although some difficult situations demand an immediate decision about whether to use restraint, most develop over a longer period of time and a five-step framework is in place to help staff make informed decisions. This includes: observation, detection, consider options and make decisions, implementation, monitoring and review. An incident report , residents care file is completed and reviewed and RQIA notification sent if physical restraint is used. Appropriate support will be offered by the Manager to employees involved in incidents and they will be given time to discuss their experience.</p>	Compliant

<b>Inspection Findings:</b>	
A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider’s Self-Assessment</b>	
As our policy reflects,our aim is to support our residents to live their lives doing the day to day activities that are important to them, taking into account dignity & respect,choice, mental & physical well-being and integration into the community.We believe everyone has a fundamental right to shape their daily life regardless of age and health needs and our staff aim to connect with, understand and encourage our residents to do just that.Social profiles are compiled for residents which assist staff in learning about residents interests, strengths and whole life history.This in turn can help staff engage with our residents in a more meaningful and positive way. Our activity programme is developed around residents choices and interests,what is important to them and within their capabilities.This is reflected in the homes Statement of Purpose and Residents Guide. We understand the importance of developing trusting relationships with residents and relatives which will allow them to feel safe in taking about what quality of life really means to them.Our activities are diverse and can be tailored for groups or on a one-to-one basis.The benefits of taking part in activities and socialising with others can hugely improve lives but we also respects those residents who do not wish to join in.Each residents care file will denote how they wish to spend their day and what would make life more enjoyable in the home. We encourage families and friends to be involved in activities during visits, take them on outings or for short walks, contributing to life story work and social profiles.	Compliant

<p><b>Inspection Findings:</b></p> <p>The home had an up to date policy on the provision of activities. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant
<p><b>Criterion Assessed:</b></p> <p>13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>We provide a broad range of activities and understand the importance of providing residents with choices about meaningful ways in which to spend their time. Quality of life can be enhanced by creating a sense of community, both within the home and between the home and the community. We encourage and facilitate local organisations to visit the home such as school groups, amateur dramatic society church groups, Girls Brigade, local musicians accordion bands and Irish Dancing groups. This can be very helpful and stimulating for our residents and rewarding for those who visit. Residents are encouraged to discuss activities and voice their ideas and opinions either in residents meetings, via questionnaires or just chatting to staff. We regularly take photographs of events within the home, on outings and of the surrounding countryside and place them on our large electric photo-frame in the hall. This is a regular meeting point for residents who will discuss and reminisce about their outings and memories etc. and love to see their picture on view. This is a good way of chatting to residents and obtaining feedback about their experiences. The home manager has obtained written consent for taking and displaying photos within the home. There are church services in the home on a weekly basis and various ministers, priests and church visitors regularly visit. We actively promote healthy living by going out for walks, playing ball games and armchair exercises, dancing, music to movement, balloon and bubble swatting, bowling, gardening, floor basketball, outings and making fruit kebabs (with chocolate!)</p>	Compliant

<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised daily in the home. The programme identified over 80 social activities which are available at various times.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>On the day of the inspection a professional musician had been contracted to provide a music session. The inspector joined the group for a time and observed much enjoyment from the residents who participated.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b></p> <p>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>For older people, taking part in activities can improve their memory and dexterity, increase their appetite, give them levels of confidence, or just make them smile and enjoy life more. Each resident is encouraged to join in the homes daily activity but have the choice to decline. For those residents who wish to remain in their room, they are regularly consulted as to any activity they would like to do. One lady will come out of her room to attend the service every Sunday. Residents who are in their rooms are provided with a daily newspapers to keep up to date with events, daily informed about what activities are on that day and given the choice to attend, radios and TV put on if they desire and staff will stay to play scrabble, read to them or remain for just a chat. Crosswords, word-searches and jigsaws are provided for all residents. A periodic newsletter called 'Seabank Times' is compiled and distributed amongst all residents and this gives prior notification of up-coming events, birthdays and some general trivia. We regularly consult all residents either individually, via questionnaires or through resident meetings regarding preferences and ideas for activities. The programme is developed bearing in mind residents choice, interests and hobbies they may have had and knowledge gleaned from social profiles.</p>	<p>Compliant</p>

<p><b>Inspection Findings:</b></p> <p>A review of the record of activities provided and discussions with residents validated the comprehensive response above. Residents who generally stayed in their rooms confirmed that they were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, residents meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b></p> <p>13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>A purpose made activity board is erected in the reception area and weekly activities posted here for everyone to see. We have a colourful, eye-catching display in both word and pictorial format. Special events notices are also added to this board and posted on front door. Staff will draw residents attention to this board when they are passing it and ensure residents are made aware and reminded of what is happening. Residents in their rooms will be informed verbally by staff but are also given a 'Seabank Times' newsletter which will inform them of up- and coming events. The Manager regularly asks residents ,either individually ot at meetings and via questionnaire, for ideas and suitable times of activities and will shedule into the activity programme. The Manager will also download a 'What's on around Portrush' guide and place on the notice board and give to residents who are interested.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>On the day of the inspection the programme of activities was on display in the entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs in written and pictorial form.</p>	Compliant

<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>A staff resource available in the home is 'Living well through activity in care homes'. This is a valuable toolkit which has been designed to equip care staff with ideas and materials in order for them to provide a service focused on residents' needs, preferences and activity choices. It encourages staff to connect with residents, connect friends and relatives with the life of the home and connect residents with the community and outside world. Examples of this recently are facilitating all the world cup games and decorating the home accordingly, visits from schools and local church groups. We have recently added an activity room as a valuable resource for residents to use at any time. It is fitted with comfortable chairs to relax and listen to music on the record player, a table and chairs for craftwork. The walls are decorated with crafts residents have completed and lots of memorabilia for war time etc. There are lots of interesting items around as talking points and one or two members of staff will spend afternoons with ladies having pampering sessions and Afternoon teas from china cups and cake stand and men's afternoons chatting, gardening, making bird boxes etc. and having a glass of Guinness. Our activity cupboard filled with many resources which is provided as needed and with no specific limit to resources eg. Games, balls for various activities, bowls, DVD's, board games, scrap books, jigsaws, baking and crafts etc. We will tailor our activities according to residents needs and abilities. Our staff have had specific training in activities provision both through NVQ and in-house.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The home employs an activity co coordinator for seven hours each week and activities are provided for daily each week by designated care staff.</p> <p>The activity coordinator/care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included a specially designated upstairs area which has been furnished and decorated as a craft centre. There is a reminiscence corner, tables for group work and a 50's style coffee bar. Many resources for art and crafts were in place as well as a sizeable library (books and DVDs).</p> <p>The home finances all social activities for residents as part of their holistic approach to providing care. This funding also includes trips out and payment for entertainers to come to the home. This is commendable.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>Activities provided can vary in both content and duration. Some residents have a poor levels of concentration and may lack motivation and may benefit from activities which are easier and only last a few minutes e.g. a chat from staff, setting tables, folding napkins, singing a song together, reminiscing whilst assisting to get dressed, looking at a life story book or reminiscing cards, pottering through an activity box which are available in the lounge (inc. seaside box, household chores box and childhood memories/games box). Other residents enjoy more complex activities and enjoy doing crosswords, playing bingo, wordsearches, musical activities, going on outings, computer classes, knitting, weaving, cupcake making and decorating etc. Some residents are able to go out daily for walks and are encouraged to buy their own newspaper, go shopping for other residents and go for coffee. We encourage our residents to get involved wherever possible around the home: one gentleman likes to clean and feed our African Gray parrot, another likes to sort and hand out daily newspapers and tend to daily weather board, others will help in the dining room and doing household chores. Residents are facilitated to attend events around the area e.g. purchasing tickets for shows, arranging taxis etc. Residents particularly enjoy and relate to seasonal activities and love to see the home decorated for Christmas, Valentines, Halloween etc and our activities relate to these seasons. During winter months there is a monthly outing to Disabled Christian Fellowship and in summer months Mystery tours around the coast.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p>	<p>Compliant</p>



<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>Our residents particularly enjoy various people coming into the home to entertain. Every month we have three regular musical activities, all providing a different type of entertainment. Prior to being given regular sessions these musicians were invited to the home to entertain on a 'one-off' basis so staff could monitor and assess them and get feedback from residents as to how much they enjoyed them and then they were invited to come on a more regular basis. One gentleman incorporates music with exercise and quizzes, another brings in many musical instruments and encourages dance participation and another gentleman plays relaxing background music. At various times of the year we will have other both paid and voluntary groups and individuals coming in to entertain, include local vocal singers, Irish dancers, bands, amateur dramatics, choirs, school groups and organ recitals. Residents will be asked to reflect on their experience and enjoyment of the activities provided. We also try to make these times special by providing non-alcoholic punches, ice-cream cones, strawberries and cream (particularly during Wimbledon), pancake making, fruit kebabs and chocolate dips. Two different church groups provide a weekly service and our residents enjoy singing hymns and choosing their favourites. Staff will also take residents to church or mass on a Sunday if desired. There are a couple of local shops who will bring items of clothing and accessories into the home. All activities are documented in Activity book and includes duration, residents, staff in attendance and level of participation and enjoyment.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The inspector examined evidence which validates the manager’s comprehensive response above.</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The Manager, Senior Carer or staff member will always inform our entertainers etc of any changes in residents need prior to activity commencing. The Manager or senior care will always speak to the entertainer when they have finished their session to discuss any issues and will address same as required.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity. There is always a member of staff in attendance at any session provided by outside entertainers.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>An activity book is maintained in the home by staff and will include all activities undertaken that day including residents who have gone out walking, those getting daily papers and any one-to-one activities. The name of the person taking activity is documented and the names of the residents who participated and their level of enjoyment. Staff will also complete residents daily progress report and document if they participated and enjoyed the activity and if they refused to join in. Other aspects around activities e.g walks, assisting around the home, shopping, reading, watching tv, listening to radio, visitors etc will be entered into care files.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b> The activity programme is review on a regular basis(3-4 times per year) and takes into account feedback from residents, relatives, staff etc as per meetings, questionnaire, care reviews or on a general one-to one.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b> A review of the programme of activities identified that it had last been reviewed on 1 August 2014. These records also identified that the programme had been reviewed at least twice yearly.  In examining care plans it was noted that the individual monthly evaluations of care contain a review of the preferences in regard to the individual choices of activities.  The registered manager and confirmed that planned activities were also changed at any time at the request of residents.  Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. In the main no concerns were expressed or indicated. One resident raised very specific issues in relation to his own situation, with his permission, the inspector shared this with Mrs Fullerton and left the matter with her to resolve.

Comments received included:

- "This is a great place I've been well looked after since I came"
- "The girls here are great very kind"
- "If an army marches on its stomach—then we could be first line troops" ( when asked about the provision of food )
- "We can do whatever we like and everyone is helpful"

### 11.2 Relatives/representative consultation

The inspector spoke briefly with two visitors who were not relatives but were visiting a neighbour who was in the home for a period of respite care. The visitors said "X has never looked better than he does after his time here. We wish he would stay".

### 11.3 Staff consultation/Questionnaires

On the day of the inspection the following staff were on duty to provide care for the 36 persons accommodated:

- Manager x 1
- Senior care assistant x 1
- Care assistant x 3
- Domestic/laundry x 3
- Catering x 2
- Administration x1
- Maintenance x 1

### Staffing levels were in accordance with the RQIA'S minimum standards

The inspector spoke with five staff of different grades and seven staff completed and returned questionnaires in time for inclusion in this report. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “I have worked in care for all my career, in different settings and the care I see here is really good – as good as any I’ve seen”
- “The residents’ best interests are always at the heart of all discussions and decisions”
- “We feel that we get good training and Dawn (manager) is always available for advice”

#### **11.4 Visiting professionals’ consultation**

One professional (social worker) visited the home and agreed to share her views with the inspector. She expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “The good thing about here is the sound communication between the home and myself. If there is any issue with my clients (three currently) the manager or senior staff phone me right away.
- The clients I have placed in this home are content as are their families”

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention and individual choice to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records showed that two have been received since the previous inspection and evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

### **11.8 Environment**

The inspector viewed the home accompanied by Mrs Fullerton and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard. One toilet suite has been completely re furnished and modernised to a high standard. Mrs Fullerton stated that there are plans to do the same refurbishment on all other bathroom areas.

One room upstairs has been transformed into an activity room with tables for crafts, a coffee bar and a reminiscence corner. This is a good initiative and is commended.

### **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 3 June 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had recently been provided to staff. The records also identified that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Fullerton. Mrs Fullerton confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The findings of this inspection were discussed with Mrs Fullerton as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Ruth Greer  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**





No requirements or recommendations resulted from the primary announced inspection of Seabank which was undertaken on 2 October 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Dawn Fullerton
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Mr W.A.Duncan

<b>Approved by:</b>	<b>Date</b>
Ruth Greer	13 1 15