

# Inspection Report

## 9 November 2021



## Seabank

**Type of Service: Residential Care Home**  
**Address: 12a Bath Terrace, Portrush, BT56 8AN**  
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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 – not registered</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> 34</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>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 9 November 2021, from 9.55am to 5.30pm by a care inspector.

Areas requiring improvement were identified regarding managerial oversight and governance arrangements within the home, specifically in relation to: the recruitment and selection of staff; the reporting of notifiable incidents to RQIA; and the completion of monthly monitoring reports.

Given these findings, a Serious Concerns meeting with the responsible persons was held on 25 November 2021 with the intention to issue three failure to comply notices under the Residential Care Homes Regulations (Northern Ireland) 2005, in relation to these shortfalls. At this meeting the responsible persons discussed the actions they had taken and planned to take since the inspection to address these shortfalls. A comprehensive action plan was also provided confirming how these deficits would be managed in a sustained manner.

At the meeting RQIA received assurances that necessary action had been taken to address the deficits identified. It was decided that the failure to comply notices would not be issued under Regulation 21(1)(a)(b), Regulation 30(1)(c)(d) and Regulation 29(1)(4)(c).

The inspection focused on staffing arrangements within the home; care delivery and record keeping; the environment; infection prevention and control (IPC) practices; management and governance arrangements; and the quality of life for residents.

Four new areas for improvement were identified and are outlined in the Quality Improvement Plan in Section 7.0.

Residents, their representatives and staff spoke highly of the care delivered in Seabank. Residents less able to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 the manager at the conclusion of the inspection.

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

During the inspection we spoke with 15 residents, four members of staff and two visiting relatives.

Residents described the home as “a good place” with two residents stating “I love it here.” Residents spoke positively about the staff group describing them as “very good” and “nice”.

Relatives also spoke positively about the Home describing the staff as “approachable” and the communication “very good.”

Staff told us that Seabank is a good place to work and described the care as “excellent”. Staff reported that management within the home are “really helpful and approachable.”

Three questionnaires were returned by residents who expressed satisfaction that the care was safe, effective, compassionate and well led in Seabank. No additional comments were received.

A record of compliments received about the home was kept within the home and shared with the staff team. The following comments were recorded on thank you cards:

- “Thanks for everything. The kindness and consideration shown to my mum during her stay in Seabank”.
- “How grateful I am for the care and attention...your compassion and willingness to step up was an inspiration and shows a lovely caring attitude to people”.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Seabank was undertaken on 21 October 2020 by a Pharmacy inspector; no areas for improvement were identified. The previous care inspection to Seabank was undertaken remotely on 24 September 2020 and no areas for improvement were identified.

##### 5.2 Inspection findings

## 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Serious concerns were identified in relation to the safe selection and recruitment of staff. For instance, review of a staff member's recruitment file highlighted that their enhanced AccessNI criminal check had not been obtained prior to the staff member commencing employment. Discussion with the manager highlighted that the home's selection and recruitment policy in relation to when an AccessNI check may be obtained was not in keeping with best practice. In addition, RQIA was also concerned that the manager was unable to provide requested information regarding staff selection and recruitment during and immediately following the inspection. The manager provided the necessary assurances to RQIA post inspection that any staff rostered on the duty rota had the relevant Access NI clearance in place.

These deficits were discussed with the responsible persons during a meeting on 25 November 2021 where they outlined the measures which they had subsequently implemented to ensure that these deficits were effectively addressed. RQIA were assured with the actions taken by the home and a failure to comply notice under Regulation 21 (1)(a)(b) was not served. An area for improvement was made.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training included moving and handling; infection prevention and control; adult safeguarding; first aid; and fire awareness.

A system was in place to help ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). It is important that records reflect the NISCC registration status of all staff employed in the home, including those who have recently commenced employment, to enable robust oversight of these arrangements. This was discussed with the manager who agreed to action this immediately. This will be reviewed at a future inspection.

The manager explained that staffing levels are regularly reviewed. No concerns were shared by residents or staff in relation to staffing levels in the home. The staff duty rota accurately reflected the staff working in the home on a daily basis. However, it is important that the duty rota accurately reflects the person in charge of the home in the absence of the manager. The manager agreed to action this immediately; this will be reviewed at a future inspection.

On discussion with staff they told us there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff told us:

- "The residents are spoilt rotten....the care is excellent".
- "The care in Seabank is top notch".
- "Management are really helpful and approachable".
- "The manager does her best for residents and is available 24/7, I feel I can call her anytime".

Residents spoke positively about living in Seabank and the staff who deliver their care. Residents told us:

- “It’s a good home. Anything you ask they do it”.
- “I love it here. It’s comfortable and nice. David (staff) is great, I like him. I like all the staff”.
- “Amanda (manager) is a great girl. I have no concerns”.
- “I love it here”.

Two relatives were visiting on the day of inspection. They told us:

- “Amanda is a really good manager. David (staff) goes over and above”.
- “Seabank has a wonderful caring atmosphere. I couldn’t praise them enough. Staff are knowledgeable about mum’s care needs and mum feels so at home here”.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents and were observed to be friendly, polite, warm and supportive.

Staff advised that they meet at the beginning of each shift to discuss any changes to the needs of the residents; staff presented as knowledgeable of individual resident’s needs, their daily routine, wishes and preferences.

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

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment, risk assessments were devised in a timely manner. However, review of an identified resident’s care file indicated that their care plans had not yet been devised despite being admitted four weeks previously. This was discussed with the manager and it was agreed that care plans should be completed within one month of a resident’s admission. The manager agreed to action this immediately and this will be reviewed at a future inspection.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents’ needs. Residents’ individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident’s care needs and what or who was important to them.

Examination of care records and discussion with staff confirmed that appropriate advice was sought when a resident had a fall; this at times included consultation with a GP and named worker. The home also maintained a record of observation charts which staff are expected to complete following a resident experiencing a fall. However, review of a sample of residents’ care records highlighted that the falls risk assessment was not always reviewed following an accident or injury. It is important that these assessments are kept under regular review in order to assess risk and determine appropriate actions to manage the risk. An area for improvement was made. Concerns were identified in relation to notifying RQIA of reportable incidents; this is further discussed in Section 5.2.5.

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. The dining experience was an opportunity for residents to socialise and the atmosphere was observed to be calm, relaxed and unhurried. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. There was evidence of communication with the dietician when concerns were identified regarding one resident's appetite. Staff had also contacted the resident's family to further ascertain their likes and dislikes with all relevant information passed to the kitchen staff.

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

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and the dining room. The home was observed to be warm, clean, tidy and well-lit.

Residents' bedrooms were personalised with items important to them such as pictures and Christmas decorations. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Furniture was noted to be dated in one resident's bedroom. This was discussed and acknowledged by the manager who advised they are in the process of replacing this.

Some infection prevention and control deficits were identified in relation to one identified bathroom, namely: a shower chair, shower curtain and an area of disrepair noted in the shower. These issues were identified to the manager who agreed to address the issues identified. This will be reviewed at a future inspection.

Fire safety measures were observed including compliance with staff training and fire drills. A fire safety risk assessment had been completed on 16 November 2020 which outlined actions required by the home. The manager provided assurances on the day of inspection that all recommendations had been actioned. An action plan was forwarded to RQIA post inspection which was shared with the RQIA estates team for consideration.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents and staff and the manager confirmed that any outbreak of infection would be reported to the Public Health Authority (PHA); the manager further advised that all new residents are tested for COVID-19 prior to admission.

Personal Protective Equipment (PPE) was available at the entrance of the home for all visitors with staff observed to be checking visitors' temperatures and requesting the completion of a health declaration form upon entering the home. PPE stations were available throughout the home for staff and visitors. Staff were observed throughout the inspection to be compliant in wearing the appropriate PPE.

#### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could spend their day in their bedrooms or communal lounges and were able to go out for walks or with family.

There was a range of activities in place for residents and this was displayed on the ground floor foyer. Seabank employ an activity co-ordinator to arrange and deliver activities in the home. Residents were observed to be participating in armchair exercises and musical activities on the day of inspection. These activities were communicated to all residents, including those in their bedrooms. Discussion with staff indicated the challenges which have arisen due to the ongoing COVID-19 pandemic when seeking to deliver activities and expressed hope at reinstating their previously established links in the community. Staff advised that throughout the COVID-19 pandemic, they have safely maintained communication with some of the local primary schools and youth clubs and are keen to continue with this.

There was a relaxed atmosphere within communal areas where residents were observed to be chatting to one another, reading the daily newspaper, watching TV and / or relaxing.

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

Since the last inspection the home has appointed a new manager, Miss Amanda Duncan. Miss Duncan has since applied to register with RQIA and this application will be progressed accordingly.

Staff were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Residents and relatives spoken with said that they knew how to report any concerns and felt comfortable in doing so. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was also evidence of quality assurance auditing which focused on various aspects of care and services provided by the home.

A record was maintained of all accidents and incidents which occurred in the home. There was evidence that appropriate onward referrals were made such as medical advice or liaison with care managers. However, it was identified that a number of incidents had not been submitted to RQIA in keeping with Regulation. A deficit was also identified in relation to staff's knowledge of what necessitated an RQIA notification. These shortfalls were discussed with the responsible persons during a meeting on 25 November 2021.

A robust action plan was provided to address these deficits and a failure to comply notice was not served under Regulation 30(1)(c)(d). An area for improvement was made.

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. However, these reports were not sufficiently robust in identifying the deficits outlined in this report. During a meeting with RQIA on 25 November 2021 the registered persons acknowledged the need to ensure that such visits are conducted robustly so as to identify deficits and drive necessary improvements in a sustained manner. An area for improvement was made.

## 6.0 Conclusion

Enforcement action resulted from the findings of this inspection. A meeting was held on 25 November 2021 with the intention of issuing three failure to comply notices due to deficits in regard to the lack of robust managerial oversight and governance arrangements within the home, specifically in relation to: the recruitment and selection of staff; the reporting of notifiable incidents to RQIA; and the monthly monitoring reports which were insufficiently robust in identifying deficits and driving improvement.

RQIA was assured at this meeting that actions had been taken and were planned to address these shortfalls and drive the necessary improvement in a sustained manner. RQIA decided not to serve the failure to comply notices.

Feedback from the staff and residents provided RQIA with assurance that care delivery within the home is provided in a person centred and compassionate manner. Residents, their representatives and staff spoke highly of the care delivered in Seabank.

The home's environment was clean, tidy and comfortable for residents.

Four new areas for improvement were made and these are outlined in the Quality Improvement Plan in Section 7.0.

## 7.0 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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Amanda Duncan, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person has introduced a recruitment 'Cover page' for every file, this covers all areas of the recruitment process, along with AccessNI date applied and clearance date. This is audited monthly. The recruitment policy has been updated.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (c) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all notifiable incidents are reported to the RQIA in keeping with Regulation.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All notifiable incidents are reported in accordance with the guidance of 'Statutory Notification of Incidents and Deaths'. The notification date is recorded on the incident report.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29 (1) (4) (c).</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered persons will ensure a more robust system is in place for future monthly monitoring visits.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>This is specifically in relation to ensuring that falls risk assessments are updated and reviewed following a fall.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has carried out training with all Senior care staff to ensure all assessments are updated and reviewed regularly, including updating falls risk assessments following a fall.</p>

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



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