

# Inspection Report

10 August 2023



## Seabank

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Registered Provider:</b> Seabank Private Residential Home  <b>Registered Persons:</b> Mr William Alexander Duncan Miss Amanda Duncan Mrs Diane Risk	<b>Registered Manager:</b> Miss Amanda Duncan  <b>Date registered:</b> 24 January 2022
<b>Person in charge at the time of inspection:</b> Amanda Duncan	<b>Number of registered places:</b> 37  Not more than 3 persons in category RC-MP. Maximum of 5 persons in RC-DE category of care
<b>Categories of care:</b> Residential Care (RC) PH – Physical disability other than sensory impairment MP – Mental disorder excluding learning disability or dementia DE – Dementia I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b> Seabank 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 August 2023, from 10.00 am to 4.00 pm by care inspectors.

The inspection assessed various aspects of the running of the service to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean with a welcoming atmosphere. Staff were seen to work well together and to communicate in a professional manner towards each other and in a warm and reassuring manner towards residents. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. Residents were happy to engage with the inspectors and share their experiences of living in the home, the residents expressed positive opinions about the home and the care provided.

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 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, Manager at the conclusion of the inspection.

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

Residents and staff were consulted during the inspection. Staff spoken with said that Seabank was a good place to work. Staff described good teamwork amongst their colleagues and were satisfied with the staffing levels and the support from the Manager.

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents described the staff as “lovely” and “very good.” Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Seabank. Individual resident comments included; “I am very happy living here” “I really enjoy the activities especially bingo” and “I am very well looked after; I can’t see myself going anywhere else”.

Three resident questionnaire was received in the post following the inspection indicating they were happy with all aspects of care provided in Seabank.

No response was received from the staff online survey within the allocated timeframe.

#### 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 Residential Home was undertaken on 11 May 2023 by a pharmacy inspector; no areas for improvement were identified.

#### 5.2 Inspection findings

##### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect residents. Staff were provided with an induction programme relevant to their department and to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

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 enough staff on duty to meet the needs of the residents.

Senior care staff who take charge of the residential home in the absence of the manager had completed relevant competency and capability assessments.

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. Staff members were observed to respond to residents promptly and in a caring and compassionate manner.

Residents said that staff were always available to help and support them and that they were kind to them.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. We observed the dining experience and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. The tables were set with condiments and a variety of drinks available. Supervision and support from staff was readily available where this was required. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms if they wished.

Staff told us how they were made aware of residents' nutritional needs to ensure they were provided with the right consistency of diet. It was positive to see posters relating to the Swallow Aware regional initiative displayed so staff keep these important messages to the forefront of their practice.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

The care records reviewed were very detailed and reflected the care the resident required. They evidenced regular review to ensure they continued to meet the resident's needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they monitored the resident post fall, sought medical assistance if required and completed onward referrals to specialist practitioners; for example, the falls team if this was necessary. The appropriate care records were reviewed and updated post fall.

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

Examination of the home's environment included a sample of resident bedrooms, the communal lounge, dining room, bathrooms and storage spaces. The home was found to be clean, warm, well-lit, and free from malodour. There was evidence that the two downstairs lounge areas had recently been redecorated.

Resident's bedrooms were clean, tidy and personalised with items of interest and importance to each resident, such as family photos, furniture, books and sentimental items.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible. Staff had taken part in regular fire drills in the home. The home's most recent fire safety risk assessment was completed on 4 January 2023 with no actions identified. A bedroom door on the top floor was observed propped open, this was discussed with the Manager who agreed to review and install a hold open device on the door.

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

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

Residents were offered choices throughout the day; from where and how they wish to spend their time, what they ate and drank and what activities they wished to participate in.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

There was a range of activities provided for residents by activity staff. Photographs of the residents enjoying the activities is displayed on a digital photo frame in the foyer. Recent activities included gardening, a visiting dog, shopping trips, bingo and a barbecue. The activity staff said a church service is always held weekly which the residents enjoy.

The residents were observed enjoying a Hawaiian themed tea party on the day of inspection.

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

There has been no change in the management of the home since the last inspection.

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.

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 evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager Amanda Duncan is the safeguarding champion for the home, it was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. There was evidence that the Manager ensured that complaints were managed correctly.

A review of accidents and incidents records found that these were well managed and reported appropriately.

The Manager maintained records of regular staff meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Staff commented positively about the Manager described her as so supportive, approachable and always available for guidance. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

The home was visited each month by a representative of the registered provider to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## **7.0 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.





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