



The Regulation and
Quality Improvement
Authority

Seabank
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**Unannounced Care Inspection
of
Seabank**

15 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 15 September 2015. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust	Registered Manager: Dawn Fullerton
Person in Charge of the Home at the Time of Inspection: Jackie Scullion - Senior Care Assistant	Date Manager Registered: 12/08/2014
Categories of Care: RC-PH, RC-MP, RC-DE, RC-I, RC-MP(E), RC-PH(E)	Number of Registered Places: 37
Number of Residents Accommodated on Day of Inspection: 35	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

Prior to inspection the following records were analysed: the report of the previous inspection and notifications of accidents/incidents.

During the inspection the inspector met with 15 residents, three care staff and two ancillary staff. There were no visiting professionals and no resident's visitors/representatives on the day of the inspection.

The following records were examined during the inspection:

- Policy on death and dying
- Policy on continence management
- Care files (5)
- Complaints
- Accidents
- Staff training

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 4 August 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection 2/10/14

No requirements or recommendations were made as a result of the previous care inspection

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which would prevent this. We were informed that the most recent death in the home was several weeks before the inspection. Staff who spoke with us described their role in caring for residents who were very ill and/or at end of life stage. Staff were aware of when to contact the G P and of the importance of keeping families updated on the resident's condition. Staff were aware of the importance of hydration and nutrition for residents who were very ill. The care files we examined contained a care plan for end of life wishes, significant people to be contacted and identified spiritual needs. The care plans had been signed by the resident and contained details of medical conditions and the resident's own wishes for his/her care in the event of serious illness.

Is Care Effective? (Quality of Management)

The home had relevant policies in place - Death and Dying (December 2014) and End of Life Care (November 2014). The policies referenced several good practice documents including the guidance Living Matters /Dying Matters (DHSSPS 2010) . The policies set, out in flowchart form, the steps to be taken in the event of an expected and an unexpected death. We were informed that when a resident dies his/her room is left untouched until the family are ready to remove personal belongings. If wished, staff will accompany and assist relatives to undertake this task. Other residents are told of the death individually and sensitively. Training for staff on death and dying was provided in April 2015. Priests and ministers are contacted when a resident is unwell if the resident wishes. Families may sit with a very ill resident. A small kitchen and shower room is made available for families to use. It is the policy that a representative of the home attends the funeral of all residents. Other residents may also attend the funeral if they wish.

Is Care Compassionate? (Quality of Care)

Staff we interviewed stated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff spoke affectionately of residents who had previously died in the home. Staff were able to articulate the values that underpin care within the home as they related to death and dying. Staff informed us that they aware of the finality of end of life care and the lasting impression the care provided leaves on a grieving family. "We want families to remember that their relative was really well cared for at the end" Staff spoke affectionately of caring for residents who have no relatives. One staff member stated "When there is no one else we are their family"

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall the standard was assessed to be safe, effective and compassionate. The home was meeting the criteria as set out in the standard.

Number of Requirements:	0	Number of Recommendations:	0
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Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

The home had a policy on the management of continence dated April 2015. The policy was comprehensive and referenced the N.I.C.E. (National Institute for Clinical Excellence) guidelines on incontinence. A supporting policy on catheter care was available for staff guidance. The policy provided staff with guidance on how to recognise the possible reasons for incontinence and of what steps needed to be taken. A review of residents' care files found that an individual assessment and care plan was in place in relation to continence. Staff with whom we spoke were aware of the system of referral to community services for specialist continence advice/support. There were adequate supplies of aprons, gloves and hand sanitisers available. Continence products were being disposed of in line with infection control guidance.

Is Care Effective? (Quality of Management)

Staff received refresher training in the management of continence in March 2015. The registered manager reviews the care plans as part of her on going quality assurance methods. This includes a review of skin integrity for residents who are incontinent. In the first instance continence products are prescribed by the district nurse. The home re orders the products on a three monthly basis as and when required for each individual resident. Our discussion with staff, observation of care practice and inspection of care records identified no area of mismanagement in this area.

Is Care Compassionate? (Quality of Care)

Staff with whom we spoke recognised the potential loss of dignity associated with incontinence. They gave examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. The home's policy states "At all times staff should be aware that incontinence can be a source of considerable embarrassment for many residents. Staff must therefore treat all residents with dignity, privacy and understanding" From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet, private manner. There was evidence that there is a good standard of continence management in the home which is person centred, underpinned by informed values and delivered with compassion.

Areas for Improvement

There were no areas identified for improvement in relation to the theme of incontinence management. The care is assessed as safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents

We spoke with many of the residents in the home. They expressed the view that they are happy in the home and with the care they receive. The residents spoke positively about their bedrooms, staff kindness and the quality of the food. A selection of residents' comments was as follows:

"The staff here are magic, you write that down, magic"

"This is the cream of the cream of establishments"

"I'm happy here. I've travelled all over the world and am glad that I'm here being looked after by these people"

Residents satisfaction questionnaires were distributed as part of the inspection process. Four were returned in time for inclusion in this report. All contained positive comments and no concerns or issues were highlighted.

5.4.2 Relatives

There were no visiting relatives at the time.

5.4.3 Staff Views

We spoke with three care staff, one catering and one administrative staff. All spoke positively about their roles, staff morale, teamwork and managerial support. Staff informed us that they felt a high standard of care was provided for residents and especially when residents are at end of life stage. Staff spoke affectionately of residents who had died in the home. Staff questionnaires were distributed. None were returned in time for inclusion in this report.

5.4.4. Staffing Levels

On the day the following staff were on duty –

Senior care assistant x 1

Care assistant x 3

Domestic x1

Catering x 2

Maintenance x 2

Administration x 1

Management considered satisfactory to meet the needs and numbers of persons accommodated.

5.4.5 Environment

An inspection of the internal environment found it to be clean, warm and bright. Communal areas were well furnished with a variety of seating arrangements. Residents bedrooms are personalised to suit the wishes and tastes of the occupants. Work was on going to refurbish a downstairs shower room. The result looked well. There were neither hazards nor malodours noted on our inspection.

5.4.6 Complaints

An inspection of the complaints record showed that complaints are recorded and investigated appropriately.

5.4.7 Accidents/Incidents

An inspection of the record of accidents and incidents showed that these are recorded, dealt with and reported appropriately.

5.4.8 Fire Safety

Work has been ongoing for several months to upgrade the home's fire detection system. The home are in contact with an estates inspector from RQIA and this matter will be dealt with under separate cover. Fire training for staff is up to date and the alarm system is checked weekly from a different point.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Dawn Fullerton	Date Completed	08/10/15
Registered Person	W.A.Duncan	Date Approved	08/10/15
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	09/10.15

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

Please ensure the document is completed in full and returned to care.team@rqia.org.uk from the authorised email address