

Inspection Report

20 August 2024



Seabank

Type of service: Residential Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider: Seabank Private Residential Home Responsible Individuals: Mr William Alexander Duncan Miss Amanda Duncan Mrs Diane Risk	Registered Manager: Miss Amanda Duncan Date registered: 24 January 2022
Person in charge at the time of inspection: Miss Amanda Duncan	Number of registered places: 37 Not more than 3 persons in category RC-MP. Maximum of 5 persons in RC-DE category of care
Categories of care: 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.	Number of residents accommodated in the residential care home on the day of this inspection: 37
Brief description of the accommodation/how the service operates: 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 20 August 2024, from 10.20 am to 4.00 pm by a care inspector.

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.

Residents were happy to engage with the inspector and share their experiences of living in the home, the residents expressed positive opinions about the home and the care provided.

Residents were seen to be well cared for and said that staff were helpful and pleasant in their interactions with them. 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.

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.

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 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 Miss Amanda Duncan, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the staff and their experience of living in the home. Residents talked about the staff being kind and polite to them and commented positively regarding the food provision in the home. Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Seabank and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required.

Positive comments were made by staff in regards to the Manager in terms of the level of support provided to them and that she was approachable and proactive.

There was no response received from the questionnaires or the online survey.

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 10 August 2023 by a care 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 protect residents.

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

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant care 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. Competency assessments for the person in charge when the Manager was not on duty had been completed for all relevant staff.

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

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.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed good communication skills when communicating with residents; they were understanding and sensitive to residents' needs.

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.

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.

Some residents shared with the inspector that they were not always asked about what they would like for lunch or dinner; however, they did say that if they did not like a particular meal staff would offer an alternative. This was discussed with the Manager who agreed to review the system and records in place to evidence that the residents were involved in the choosing of their meals. This will be followed up on the next care inspection.

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.

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

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed.

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

The home was clean and tidy. The Manager advised of ongoing work to refurbish some areas of the home. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. A number of shower seats and raised toilet seats were noted not to have been effectively cleaned; this was addressed on the day and the Manager provided assurance regarding the ongoing oversight of the cleanliness of these items.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. A number of doors were discussed and it was agreed that they would benefit from hold open devices, the Manager agreed to install these as appropriate.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. The atmosphere throughout the home was warm, welcoming and friendly. Residents looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of activities was displayed.

Staff were observed to be chatty, friendly and polite to the residents at all times and to communicate effectively with residents, including with those who had a cognitive impairment.

Resident comments included: "The staff are good" and "The staff are more than kind".

Staff recognised the importance of maintaining good communication between residents and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Amanda Duncan is the Registered Manager of 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 evidence of auditing across various aspects of care and services provided by the home. However, although there was evidence that residents' weights were recorded monthly; there was little evidence that these weights were analysed to look for patterns or trends to identify if any actions were required. It was also recommended that the Manager implemented an audit to monitor any restrictive practices that may be implemented in the home in the best interest of keeping residents safe. This was discussed with the Manager who agreed to make these improvements; this will be followed up on a future inspection.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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 is identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a system in place to manage complaints. The Manager told us that complaints were seen as an opportunity for the team to learn and improve.

The Manager maintained records of regular staff and departmental 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 and described her as supportive, approachable and available for guidance. Discussion with the Manager and the 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 consult with residents, their relatives and staff and 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 residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Amanda Duncan, Registered Manager.



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