



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 21 February 2019



Seabank

Type of Service: Residential Care Home
Address: 12a Bath Terrace, Portrush BT56 8AN
Tel No: 02870824285
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Seabank is a privately owned residential care home. There are currently 37 residents living in the home, with a range of needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Seabank Private Residential Home Responsible Individuals: William Alexander Duncan Amanda Duncan Diane Risk	Registered Manager: Charlotte Fiona Simpson
Person in charge at the time of inspection: Charlotte Fiona Simpson	Date manager registered: 13 April 2018
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 registered places: 37 comprising: 23 – RC-I 5 – RC-DE 1 – RC-MP 8 – RC-MP (E) There shall be no more than: <ul style="list-style-type: none"> • 3 residents in RC-MP category of care • 1 resident in RC-PH category of care • 5 residents in RC-DE category of care

4.0 Inspection summary

An unannounced inspection took place on 22 February 2019 from 10.10 to 13.40 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection focused on assessing the level of the progress and/or compliance with the areas for improvement identified during the last care inspection on 8 August 2018.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Charlotte Fiona Simpson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed including the previous care inspection report, the returned QIP from the previous care inspection and notifiable events since the previous care inspection.

During the inspection the inspector met with eight residents and four staff. Resident questionnaires and 'Have we missed you cards' were left in the home to give residents and/or their family and friends with an additional opportunity to provide feedback on the home. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No feedback was received within the agreed timescale.

We also inspected the home's general environment, including a sample of bedrooms, and observed staff's interactions with residents.

The following records were examined during the inspection:

- staff induction template
- induction file for one member of staff
- service user agreements
- six residents' needs assessments

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.1 Stated: First time	The registered person shall undertake review and revision of the staff induction programme to ensure NISCC recommendations are met. Ref: 6.4	Met
	Action taken as confirmed during the inspection: See Section 6.3	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that a copy of the service user agreement is retained within the home. The agreement should include data in accordance with standard 4 of the Residential Care Minimum Standards and be signed and dated by both parties. Ref: 6.5	Met
	Action taken as confirmed during the inspection: See Section 6.3	
Area for improvement 3 Ref: Standard 5.4 Stated: First time To be completed by: 31 October 2018	The registered person shall undertake a review of resident needs assessments to ensure these are dated and signed by the resident or their representative. If the resident/representative is unable or chooses not to sign this should be recorded. Ref: 6.5	Met
	Action taken as confirmed during the inspection: See Section 6.3	

6.3 Inspection findings

Environment

On arriving at the home, the atmosphere was quiet and settled. Several residents were sitting in the communal lounge areas after finishing their breakfast. The home's pet parrot lives in the smaller lounge; some residents take the lead in caring for the pet. Some residents were watching TV or reading a newspaper, which are delivered at the residents' request. Some residents were sleeping in their chairs and staff explained that many had been on an outing the day before, and were exhausted: "They had the legs walked off them!" Other residents enjoyed relaxing in their room, and several stated they loved the view of the sea from their bedrooms. One resident was heading out in her car; this has been an important part of maintaining her independence in the home. Staff commented, "We have always been told 'Don't take away their independence!'"

In the hallway, a board provided written and pictorial information on the range of activities available to residents. Highlights included bingo, indoor games, skittles, charades, and knitting. It was positive to note that activities varied daily. The home also displayed information on advocacy services such as the Causeway Alzheimer's Society group. An area of good practice was identified as the home runs a men's group to encourage residents who may not otherwise engage in social and leisure activities. Several residents expressed their excitement as they are attending a tea dance next week. This has been arranged by the trust, and twelve residents are planning to go. Several residents asked when they were going for a walk; the home currently has a student social worker on placement, who has been encouraging residents with this, although other staff are also available when required.

Kitchen staff were preparing the lunchtime meal and were happy to report that they had been awarded a five star food hygiene rating this month. Other staff were clearing up after breakfast and were observed joking and laughing with residents. One member of staff commented, "We have a laugh here! I stick Daniel O'Donnell on at lunch, have a wee sing and dance with the residents."

The home was clean, tidy and warm. The hall carpets had recently been replaced and the registered manager also advised that all the curtains and bedding were being replaced this month. This was confirmed by a resident who stated, "They're getting me a new duvet cover and curtains; they showed them to me, they're lovely!" It was noted that the pull cords for the light switches in the bathrooms did not have a wipe able sheath cover; this makes it easier to keep clean, minimising the risk of infection in the home. When this was raised with the registered manager, she advised it would be addressed immediately and this was confirmed electronically following the inspection.

One area for improvement was identified as some of the residents' care records are retained at the staff's desk in the hallway. This is to allow easier access for staff. However, these records were not securely stored. The registered manager advised there is continual review in the home to ensure General Data Protection Regulation (GDPR) is fully embedded into practice and we agreed on the need for a lockable cabinet to be provided. This has been stated as an area of improvement.

Induction

Following the last care inspection on 8 August 2018, the registered manager had made several improvements to staff's induction to the home. This included updating the home's staff induction template to incorporate the Northern Ireland Social Care Council (NISCC) induction standards. Social care workers retain their professional registration with NISCC and are aware of their own obligations in terms of their ongoing learning and development. Induction is further personalised to the specific needs of staff, depending on their experience. The registered manager described how this approach developed staff's confidence and contributed to a culture of shared learning in the home. Discussion with staff confirmed this: "There was a bit of a change with the new manager...her door is always open and there's good team work here. New staff shadow me as part of their induction." Compliance with this standard has now been met.

Review of one staff's completed induction file confirmed this was completed in a timely manner. Learning and competency was measured through self-directed learning, reflective practice, supervision, appraisals, and observation of practice by senior support workers and the registered manager. Staff stated, "There's good training and supervision...team meetings every few weeks."

Staff were provided with additional learning and training opportunities through the use of three monthly observations of practice. One specific area of practice is reviewed by a senior support worker. This not only develops their managerial role, but contributes to the capacity and capability assessments and annual appraisals. Observations also enable management to identify any areas where additional or refresher training is required. Discussion with staff confirmed they found this process useful. Staff also expressed confidence in challenging poor practice and felt that management were supportive regarding this: "Fiona is nice, she's grand."

In addition, staff described how fire safety training is reviewed frequently, and completed to a high standard. First aid and manual handling training was also highlighted as beneficial. It is positive to note that staff who had worked in the home for several years felt there was sufficient training and opportunities for continued professional development.

Service User Agreement

Service user agreements are retained in a separate file. These had been reviewed with residents; agreements had been signed by the resident and/or their relative.

The registered manager provided a copy of the most recent service user agreement. This is reviewed annually to reflect any changes in the home. Following the last care inspection on 8 August 2018, the agreement had been reviewed to ensure it reflected the Residential Care Home Minimum Standards. Review of this document highlighted some areas which required more detail. This was highlighted to the registered manager, who agreed to further amend the form. A copy was provided to the inspector electronically after the inspection and was deemed satisfactory. Compliance with this standard has now been met.

Needs Assessments

Inspection of the needs assessments for six residents confirmed these had been reviewed following the last care inspection on 8 August 2019. Assessments had been dated and signed by staff, residents and/or their relatives. Arrangements had been made for those residents whose relatives do not live close by. Compliance with this standard has now been met.

Discussion with residents confirmed they felt their needs were well met in the home: “I came here as sick as a parrot...best thing my daughter did getting me here...I’m happy as a pig in muck!”

Staff also felt the residents’ needs were met in the home. One member of staff stated, “I like it here as it’s the residents’ home. They get spoiled! I always ask new staff, ‘What if it was your mother or father? How would you want them to be treated?’” Another member of staff commented, “I always remember to treat every individual as one of my own...This is their home.”

Areas of good practice

There were areas of good practice identified in relation to good working relationships in the home and the registered manager’s commitment to continual quality improvement.

Areas for improvement

One area for improvement was identified during the inspection. This was in relation to ensuring that residents’ care records and personal information is stored securely at all times.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed Charlotte Fiona Simpson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19.1 (b) Stated: First time To be completed by: with immediate affect	The registered person shall ensure that residents' information and records are kept securely in the home at all times. Ref: 6.3 Response by registered person detailing the actions taken: Locked Cupboard situated at front desk to hold residents care records and personal information.

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



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