



# **Announced Care Inspection Report 24 September 2020**



## **Seabank**

**Type of Service: Residential Care Home (RCH)**  
**Address: 12a Bath Terrace, Portrush, BT56 8AN**  
**Tel No: 028 7082 4285**  
**Inspector: Nora Curran**

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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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 37 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Seabank  <b>Responsible Individual(s):</b> William Duncan Amanda Duncan	<b>Registered Manager and date registered:</b> Charlotte Simpson 13 April 2018
<b>Person in charge at the time of inspection:</b> Charlotte Simpson	<b>Number of registered places:</b> 37  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
<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.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 34

### 4.0 Inspection summary

An announced inspection took place on 24 September 2020 from 11:00 to 14:05 hrs. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for residents
- Quality improvement.

Residents consulted with spoke in positive terms about their experience of living in Seabank and some of their comments can be found in this report.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Charlotte Simpson, Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- A selection of finance and valuables records
- Northern Ireland Social Care Council (NISCC) records
- Statement of purpose
- Service User guide
- Organisational structure
- On call arrangements
- A selection of quality assurance audits
- Complaints and compliments records
- Incident and accident records
- Minutes of residents'/relatives'/staff meetings
- Activity planner from July 2020
- Three residents' nutritional care records
- Four week menu.

During the inspection RQIA were able to consult with residents/residents' representatives and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten patients' questionnaires and ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received completed questionnaires from five residents, three resident representatives and three staff. All indicated that they were very satisfied that the care delivered in Seabank was safe, effective and compassionate. They were also very satisfied that the service was well led.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Charlotte Simpson, Manager.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 12 November 2019.

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.3  <b>Stated:</b> First time  <b>To be completed by:</b> 31 November 2019	The registered person shall ensure that a system for the monitoring of staff NISCC registrations and annual retention fees is established.  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A matrix was in place to track staffs' registration with NISCC, including fee dates and renewal dates.  This was checked by the manager monthly and was last checked on 1 September 2020.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.14  <b>Stated:</b> First time  <b>To be completed by:</b> 14 November 2019 31 November 2019	The registered person shall ensure that the errors are crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.	<b>Met</b>
	The practice of writing over records and the use of correction fluid should cease immediately.  Ref: 6.6	

	<b>Action taken as confirmed during the inspection:</b> Finance records were clear and legible and there was no evidence of correction fluid being used.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019	The registered person shall ensure that residents' monies are reconciled (checked) at least quarterly and recorded.  The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.  Ref: 6.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Finance records for three residents showed evidence of reconciliation on a quarterly basis. They were signed by two staff.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2019	The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.  Ref: 6.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was a record kept of residents' valuables. This record was checked monthly and signed off by two staff.	



<b>Area for improvement 5</b>  <b>Ref:</b> Standard 15.6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 November 2019	The registered person shall ensure that at least two signatures are recorded when monies are deposited on behalf of residents. Two signatures should also be recorded when the monies are handed over to the resident by a member of staff. If the person depositing the monies and the resident are unable to sign or chooses not to sign, two members of staff sign and date the records to confirm the transactions.  Ref: 6.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records for three residents showed two signatures for each money transaction.	

<b>Areas for improvement from the last medicines management inspection on 25 May 2017</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 25 June 2017	The registered provider should ensure that new entries on personal medication records are checked for accuracy and signed by two competent members of staff.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed during this inspection and has been carried forward for review at a future inspection.	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager confirmed the number and skill mix of staff on duty at commencement of the inspection. She also confirmed that the home had been operating within the registered categories of care. Staffing levels were determined following monthly reviews of resident dependency. These dependencies were supported by Northern Health and Social Care Trust (NHSCT) nursing assessments in cases where the resident had mobility needs. The manager informed us that staffing arrangements had not been affected by the COVID-19 pandemic. Residents consulted with on the day of inspection spoke in positive terms in relation to the care provided. There were no concerns identified neither within the returned resident questionnaires nor within the relative/visitors questionnaires. Staff also expressed no concern about these arrangements.

We reviewed the matrix for staff mandatory training and could see that the majority of staff were 100% compliant. The manager had already identified a small number of staff who were overdue in one or two courses and had addressed this with the relevant staff directly. All direct care staff had completed sessions on the Mental Capacity Act (MCA) (NI) 2016 to at least level two. Those staff members in auxiliary roles such as maintenance, administration, catering and housekeeping were yet to complete the MCA training and the manager had plans to ensure completion. This will be reviewed at the next inspection. The manager had also introduced a 'back to basics' training programme which was described as a practical revision of basic practices for all staff. This programme involved new staff working in a shadowing capacity whereby more experienced staff demonstrated best practice in basic care delivery. Longer term staff also participated in roleplay scenarios as a revision exercise on best practice. One of the examples of roleplay scenarios was to assist someone with a shower while maintaining dignity.

Competencies were in place for staff carrying out duties such as person in charge and medicines management. These competencies were reviewed yearly by the manager. The medicines management competencies involved observation of medication rounds and completion of a revision workbook. Annual appraisals had been completed for all staff in March, April and May 2020 and were held on file. Supervisions were carried out with staff at least every three months and included topics such as Infection Prevention and Control (IPC) and communication skills such as answering the phone and taking queries in the absence of the manager. Appraisals and supervision were tracked by the manager for governance.

There was evidence of regular communication and consultation with staff in the form of staff meetings and memos. The manager was assured that all staff received information on memos by the maintenance of declaration signature lists.

Residents, relatives/visitors and staff who returned questionnaires said they were very satisfied that the care they received was safe, effective and compassionate.

Some residents commented:

- "The girls are little angels."
- "I'm well looked after."

Relatives told us:

- "My mother has dementia and so cannot always be relied upon to make decisions for her own care; however the carers are always respectful of her condition."
- "Senior carers are particularly approachable. I have never been refused communication with the manager."

Staff told us:

- "There is enough staff on...all bases are covered."
- "There is a good skill mix and a good age range of staff as well."
- "We get supervisions every few months."
- "It's a good team."



### 6.2.2 Management arrangements

There had been no changes to the management arrangements in the home since the last inspection. The organisational structure within the home was clear and made available to all stakeholders through the statement of purpose. The statement of purpose was updated to include information about the Mental Capacity Act (NI) 2016 and about COVID-19 guidance on visiting, with an explanation for prospective residents and relatives.

In the absence of the manager, a Senior Care Assistant (SCA) would assume responsibility of the home as person in charge. As explained in section 6.2.1 the SCA would have completed a person in charge competency and this would be reviewed yearly and signed off by the manager. On call arrangements were in place and the person in charge had access to the required contact numbers if required.

### 6.2.3 Governance systems

Prior to the inspection we requested a selection of quality assurance audits and records for review. We looked at Northern Ireland Social Care Council (NISCC) matrix, accidents and incidents, falls, finance records, valuable property records, weight records, infection prevention and control (IPC) audits, restrictive practice records, complaints and care review records. The manager had a 2020 audit tracker which showed a variety of additional audits which were all completed monthly.

Weights records are discussed further in section 6.2.5 and IPC audits are discussed in section 6.2.4. There were no complaints on record for 2020.

We looked at a sample of finance and residents' valuable property records to review progress in relation to the previous quality improvement plan from the inspection conducted on 12 November 2019. We found that these records were compliant with the DHSSPS Residential Care Homes Minimum Standards (Aug 2011), and therefore these areas for improvement were met.

The NISCC matrix showed that the manager reviewed all relevant staffs' compliance with their professional registration on a monthly basis. The most recent check was carried out by the manager on 1 September 2020. Therefore this area for improvement was also met.

On review of the accident and incident and falls audits we could see that they were completed monthly and contained all pertinent aspects we would expect to see for a meaningful analysis of the information, i.e. they contained what happened, where it happened, what the outcome was and any follow up actions or learning. We could also see that all relevant bodies were informed when required.

Restrictive practice was monitored monthly by the manager. We could see only one type of restrictive practice used in the home for one resident. The relevant risk assessment and care plan was in place and consent had been obtained from significant people.

The care review matrix showed that most residents had received a care reviewing within the last 12 months. However one resident was overdue for their review since November 2019. We could see that the home had made several attempts to arrange a review with the NHSCT key worker to no avail. It was acknowledged that the COVID-19 pandemic had impacted on the running of some services as usual; however care reviews can be completed using alternative

means such as teleconference. The manager had maintained a written trail of correspondence with the NHSCOT and agreed to escalate the matter to the key worker's team leader to expedite the matter. This will be reviewed at the next inspection.

#### **6.2.4 Infection prevention and control (IPC)**

The manager confirmed that the home has remained free from COVID-19 throughout the pandemic. IPC was governed with monthly infection control and environmental audits. These audits incorporated the use of personal protective equipment (PPE), looked at all environmental areas in the home, and observed hand hygiene practices.

There was a system in place for staff starting and ending shift which reflected good IPC practices. A uniform policy was adhered to, staff temperatures were taken twice a day and health declarations were completed for each shift. Changing facilities were available for staff use and donning and doffing stations strategically located throughout the home. A foot wear sanitising station was also made available for anyone entering the building. The home had recently installed staff lockers following their own self-assessment of IPC practices.

Staff break times had been staggered to allow for social distancing of staff. And this practice of distancing was encouraged at all times when not providing direct care to a resident that required assistance of two people.

At the time of inspection the home had closed to indoor visiting. The only persons outside of the staff group entering the home were visiting professionals on essential business. All professional visitors were subject to temperature checks, and availed of hand sanitising / washing facilities and wore PPE.

Up until the week prior to the inspection the home had operated a visiting policy in line with the COVID-19 Regional Principles for Visiting in Care Settings in Northern Ireland. The home had installed a Perspex partition in the porch to allow for safe visiting. They also arranged the visits by appointment only and monitored the visitors' health by recording temperatures and requesting cooperation with health declaration questionnaires. PPE and hand sanitising was provided by the home and the area was disinfected between each visit.

During the inspection we took a virtual walk round of the home and viewed the indoor visiting area, PPE donning and doffing stations and hand sanitising dispensers. We viewed a number of communal bathrooms and found them to be clean and free of inappropriate storage. We saw that each resident bedroom contained a chart for twice daily temperature checks.

All staff had recently repeated IPC training to refresh knowledge and practice, and staff told us they felt supported in delivering safe care during the pandemic. They also confirmed adequate supply of resources such as PPE, cleaning products and soap. Staff and resident were also now being regularly tested for COVID-19 as part of the regional testing initiative.

In relation to the visiting restrictions one resident told us, "I speak to my son on the video calls all the way from Australia."

The returned questionnaires did not indicate any concerns in relation to IPC during the pandemic.

Staff said:

- “I feel safer here than I do in the shops.”
- “We do more one to one activities with the residents because they don’t have visitors at the minute.”
- “I’m happier that we are all being tested regularly now.”
- “Everyone is checked and tested now...we are kept up to date with the guidance as it comes out, like the recent changes to visiting.”
- “We have loads of PPE.”
- “Fiona (manager) keeps us up to date.”
- “Fiona (manager) tells us what we need to know.”

### 6.2.5 Quality of life for residents

We reviewed the nutritional related care records for three residents. We found that relevant risk assessments were completed monthly and included weights monitoring, and care plans were in place to address any needs identified. There was evidence of specialist professional collaboration when related needs were found. This included speech and language therapy (SALT), dietetics, general practitioner and dental. Any recommendations made by these disciplines were documented in the relevant care plans.

A four week menu was reviewed and we could see that there were at least two choices at each meal sitting. Regular meal times were encouraged as part of a healthy eating routine; however it was evident that residents could enjoy their meals at times they preferred. There was a regular supply of hot and cold drinks with snacks. We could see that those resident on modified diets also availed of a choice of main meals and snacks.

During the virtual walk round we viewed several communal areas and part of the lunch time serving. We could see that residents appeared comfortable in their surroundings and the lunch serving appeared unhurried with a social atmosphere. We saw a selection of resident bedrooms and could see that they were clean and individualised to each resident with personal items. Corridors and fire exits were bright and free of obstruction.

An activity planner was viewed for July 2020 and appeared varied in options for residents. This was displayed for residents on posters and notice boards. It was identified that more one to one social activities had been taking place in response to the pandemic and the subsequent impact on visiting and limitations on group activities and outings. A full time activities coordinator was responsible for planning activities and finding out what residents wished to do on their one to one time. To address the risk of potential social isolation the home increased the hours employed in activities by redeploying a care assistant to this department. These arrangements appeared to be working well and residents and other staff spoke in positive terms about activities provision.

The manager confirmed that there were no open or recent safeguarding cases in the home and the manager was also the identified safeguarding champion. Staff spoken with were conversant in the adult safeguarding process and could describe what actions to take if they had any concerns.

Residents said:

- “It’s perfect.”
- (About bedroom with a view of the sea) “I feel like I’ve won the lotto.”
- (Food) “...absolutely happy.”
- “Looked after wonderfully well.”
- “It’s clean...1<sup>st</sup> class...food and staff are good...the views are wonderful.”

Staff said:

- “We get feedback from residents about the food and have the flexibility to change things...there are always meal alternatives...we do a lot of home baking.”
- “The residents on modified diets get choices and we see those residents one to one to talk about their options...we also get the SALT and dietitian recommendations so we know who needs what.”
- “I’m here years and it’s a very good place.”
- “The food is very good and home cooked...good variety, the residents get anything they want really.”
- “We cater activities to the individual...not everyone has the same capabilities or likes.”
- “Our activities could be things like music and rhythm, exercise sessions, quizzes, outdoor walks, one to one chats.”
- “This is our Seabank family.”

### 6.2.6 Quality improvement

The manager had identified a number of areas for improvement through self-assessment. Some had already been actioned prior to the day of inspection and some formed part of an ongoing improvement plan.

As part of the overall COVID-19 pandemic response the home had installed staff lockers to ensure compliance with the uniform policy. Also IPC training had been repeated as part of a revision exercise for all staff.

The restrictions on visiting and the need for more alternative means of communication with relatives and friends through video calls for example, had highlighted the need for an improved Wi-Fi service in the building. There were plans to source Wi-Fi boosters for some parts of the home to improve this facility.

### Areas of good practice

Areas of good practice were identified in relation to staff training, nutrition and response to the COVID-19 pandemic. In addition, the provision of activities appeared to be varied and took into consideration the different abilities found amongst the various categories of care within the home.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Conclusion

Overall the feedback from the inspection was positive. There was a stable management arrangement within the home and staffing appeared adequate to provide safe and effective care. Residents spoke in positive terms in relation to their experience of living in Seabank and staff also expressed a positive experience of working in the home.

Governance systems showed that the manager had good oversight of the home and formed part of the ongoing improvement of service.

The areas for improvement identified in the previous care inspection were reviewed and met.

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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