

# Inspection Report

**28 July 2022**



## Seabank

**Type of service: Residential Care Home**  
**Address: 12a Bath Terrace, Portrush, BT56 8AN**  
**Telephone number: 028 7082 4285**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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

<b>Organisation/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> Jackie Scullion – Senior Care Assistant	<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) 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> 33
<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 28 July 2022, from 10.15 am to 4.30 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.

The home was observed to be warm, clean and tidy. 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. The feedback from residents confirmed that they were satisfied with the care and service provided in Seabank.

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 and 'Tell Us' cards 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**

Eight staff, 12 residents and one relative were spoken with. Residents said that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. Residents told us: "I am quite happy and content", "the staff are marvellous", "the staff couldn't do enough for you" and "I couldn't be happier". The relative we spoke with had no issues or concerns regarding the care their loved one receives.

One 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 was undertaken on 1 March 2022 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 help protect patients. 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.

Systems were in place to ensure staff maintained their registrations with the Northern Ireland Social Care Council (NISCC). There was evidence that the Manager had good oversight of this and that it was under regular review.

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.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of records confirmed these assessments were comprehensive in detail to account for the responsibilities of this role and kept under regular review by the Manager.

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.

### 5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was observed to be calm and relaxed. Residents were well presented and willing to engage in conversation. The residents spoken with were all very positive about the care they received in Seabank.

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.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff spoken with described the handover as detailed and informative.

Residents' needs were assessed at the time of their admission to the home. Care plans and multi-disciplinary assessments were received for any new admissions. Staff recognised the importance of ongoing assessment of residents' needs following their initial admission into the home.

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 also recorded.

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.

It was observed some residents had been commenced on repositioning charts to monitor skin integrity, gaps were noted in the frequency of the residents repositioning and the quality of the recording. This was discussed with the Manager, who agreed to review and liaise with the Community Nursing service for advice or training.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this could include simple encouragement through to full assistance from staff. Food was freshly prepared in the kitchen and alternative choices were also catered for. Lunch time was a pleasant and unhurried experience for the residents. Residents could choose to have their meals in the dining room, lounge or their own bedroom. The daily menu was displayed. Residents spoke positively on the quality of the food provision in the home.

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

A review of the homes environment included bedrooms, bathrooms and communal areas such as lounges and the dining room. The home was observed to be warm, clean and tidy. Residents' bedrooms were noted to be clean, suitably furnished and personalised with items important to them such as pictures and paintings etc.

Corridors within the home were clean and free from clutter. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. A fire risk assessment had been completed 20 November 2021 with actions addressed by the Manager.

However, it was observed that the smoking area outside did not have a fire blanket; this was discussed with the Manager and email confirmation was received 11 August that a fire blanket is now in place.

A review of the record of fire drills identified that fire drills had been conducted but there was no detail as to the staff who attended, a scenario or any identified actions. This was discussed with the Manager and an area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

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**

Residents were able to choose how they spent their day. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

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 the activity staff. Residents told us they enjoy the activities. The home has a very generous activity room on the first floor and on the day of inspection residents were seen enjoying decorating trinket boxes followed by a well-deserved cup of tea and bun. With the relaxation of Covid restrictions the activity staff member shared how the residents enjoy getting out and told us about and her plans for future day trips.

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

There was evidence that a robust 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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff 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 patients, care practices or the environment.

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.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Discussions with the Manager and a review of the record of complaints confirmed that expressions of dissatisfaction were taken serious and managed appropriately.

The home was visited each month by the Responsible Individual 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.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Amanda Duncan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 28 August 2022	<p>The registered person shall ensure fire drill records evidence the date the fire drill took place, an account of the drill, the name of staff who attended and any actions required.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person has updated the fire drill records with a Fire drill report to display the date, location of alarm, time taken to evacuate, the name of staff who attend and any actions required.</p>

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





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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