



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

| | |
|-------------------------------|-------------------------------|
| Inspection No: | 20087 |
| Establishment ID No: | 1324 |
| Name of Establishment: | Seabank Residential Care Home |
| Date of Inspection: | 17 June 2014 |
| Inspector's Name: | Phil Cunningham |

1.0 GENERAL INFORMATION

| | |
|--|---|
| Name of Home: | Seabank Residential Care Home |
| Address: | 12a Bath Terrace Portrush BT56 8AN |
| Telephone Number: | 02870824285 |
| Registered Organisation/Provider: | Mr William Alexander Duncan Mr William James McClure |
| Registered Manager: | Dawn Fullerton |
| Person in Charge of the Home at the time of Inspection: | Dawn Fullerton |
| Other person(s) consulted during inspection: | Alexander Duncan |
| Type of establishment: | Residential Home |
| Number of Registered Places: | 37 |
| Date and time of inspection: | 17 June 2014 from 10.00 – 13.30 |
| Date of previous inspection: | 19 June 2013 |
| Name of Inspector: | Phil Cunningham |

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

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

- Discussion with the person in charge
- Examination of records
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Dawn Fullerton, home Manager and Alexander Duncan, Registered Provider.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Seabank Residential Care Home is a renovated five storey Residential Home situated on the shore front of the north coastal town of Portrush. The home is relatively convenient to local amenities and is registered to cater for 37 residents.

8.0 SUMMARY

Following the Estates Inspection of Seabank Residential Care Home on 17 June 2014, some improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criterion outlined in the following standards:

- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in four requirements and one recommendation. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Dawn Fullerton and Lexie Duncan during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements made following the previous estates inspection.

Following the inspection carried out at Seabank Residential Care Home on 17th June 2013, no recommendations or requirements were made. During that inspection, progress with the implementation of fire safety measures was discussed and the provider had planned and was moving towards implementation of a number of measures designed to create improved fire safety arrangements to compensate for the height of the building which contains four storeys above ground floor level. These included the installation of a fire suppression system.

Since that date, progress was delayed due to issues of suitability raised by the Northern Ireland's Environmental Agencies Historic Buildings Unit and subsequently a process of consultation with the Northern Ireland Fire and Rescue Services (NIFRS) has taken place. The provider's Fire Risk Assessor, in consultation with NIFRS has developed an alternative range of measures which are designed to significantly improve the fire safety arrangements in the home.

A meeting was held on 24 June at Seabank Residential Home following the RQIA estates inspection and this was attended by the Registered Provider, Seabank's Fire Risk Assessor, NIFRS and RQIA where the revised package of measures was discussed. The RQIA inspector agrees that these measures will significantly improve the fire safety arrangements in Seabank and the provider has agreed to move towards implementation of these.

See 9.4.1 below and item 3 on the attached Quality Improvement Plan.

9.2 Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 It is good to note that since the last inspection of the home, significant upgrading works have been undertaken which includes:

- Re-painting of the building externally (still in progress at time of inspection)
- Refurbished toilet facilities for male residents on the ground floor
- New carpets on the ground floor
- New furniture in the lounge and dining areas on the ground floor

It is also good to note that the sitting area on the first floor has been re-designated for use as an activities room for residents. This will enhance the range of activities and the quality of life for residents living at the home.

9.2.2 No recommendations or requirements are made in respect of this standard.

9.3 **Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner***

9.3.1 The legionellae risk assessment was reviewed on 16th June 2014 and written confirmation of this by the competent person/risk assessor was inspected. The report on the review is to follow and the provider should address any items listed on the report for action.
See item 1 in the attached Quality Improvement Plan.

9.3.2 The thorough examination of the passenger lift was due on 2nd February 2014 but there were no records to indicate that this had taken place.
See item 2 in the attached Quality Improvement Plan.

9.4 **Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.***

9.4.1 Regarding 9.1 above, the provider should move towards implementation of the revised fire precautionary works which were devised by the Fire Risk Assessor in consultation with NIFRS. A programme of works should be forwarded to RQIA for information.
See item 3 in the attached Quality Improvement Plan

9.4.2 The servicing of the emergency lighting was carried out during the week previous to the inspection. Certification of the servicing was not available but is to be completed when alteration works to the system have been carried as identified in the report of the fire risk assessment.
See item 4 in the attached Quality Improvement Plan

9.4.3 It is unclear whether the person carrying out the home's fire risk assessment holds professional registration or third-party accreditation by a recognized body for fire risk assessment. This was outlined in correspondence from RQIA to all care home providers in January 2013.
See item 5 in the attached Quality Improvement Plan

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Dawn Fullerton as part of the inspection process

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**



Quality Improvement Plan

- for -

Announced Estates Inspection

- of -

Seabank Residential Home

- on -

17 June 2014

| QIP Position Based on Comments from Registered Persons | | | QIP Closed | | Estates Officer | Date |
|--|--|--|------------|----|-----------------|----------|
| | | | Yes | No | | |
| A. | All items confirmed as addressed. | | | | Phil Cunningham | 9/9/2014 |
| B. | All items either confirmed as addressed or arrangements confirmed to address within stated timescales. | | | | | |
| C. | Clarification or follow up required on some items. | | | | | |

NOTES:

The details of the Quality Improvement Plan were discussed with Dawn Fullerton as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the Quality Improvement Plan.

The Quality Improvement Plan is to be signed below by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|----------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Dawn Fullerton |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Lexie Duncan |

Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|-------------|-----------------------------|---|------------------|---|
| 1 | 13 (7) | On receipt of same, ensure that any remedial measures identified in the legionellae risk assessment review have been addressed appropriately See 9.3.1 in report | 2 months | Fully addresses |
| 2 | 27 (2)(c) | Ensure that the passenger lift has been subject to a thorough examination in line with the requirements of LOLER legislation and that suitable records are retained. See 9.3.2 in report | 2 months | Completed 05/07/14 |

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

| Item | Regulation Reference | Requirements | Timescale | Details Of Action Taken By Registered Person (S) |
|-------------|-----------------------------|--|------------------|---|
| 3 | 27 (4)(b) | Submit a programme which outlines timescales or details for the implementation of works to provide the revised fire precaution improvements. see 9.4.1 in report. | 2 months | Programme to follow on separate email |
| 4 | 27 (4)(d)(iv) | Ensure that on completion of alteration works to the emergency lighting installation, the system is suitably serviced and records retained. see 9.4.2 in report. | 2 months | Alteration works completed, systems serviced and records retained |

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

| Item | Standard Reference | Recommendations | Timescale | Details Of Action Taken By Registered Person (S) |
|------|--------------------|--|---------------------------------------|--|
| 5 | 29.1 | <p>Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body.</p> <p>Reference should be made to correspondence issued by RQIA to all registered homes on 13 January 2013 and the guidance contained therein:</p> <p>http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</p> <p>http://www.rqia.org.uk/cms_resources/A%20Guide%20to%20Choosing%20a%20Competent%20Fire%20Risk%20Assessor.pdf</p> <p>see 9.4.3 in report.</p> | On review of the fire risk assessment | Actioned |