



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Seapatricks

Provider: Ann's Care Homes

Date of Inspection: 2 July 2025

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

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Jeny Crockett
Service Profile – This home is a registered nursing home which provides nursing care to up to 60 patients. The home is divided into three units all located on ground floor level. Riverdale and Bannview units provide care for patients living with dementia and Meadowlands unit provides general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 2 July 2025, between 9:30 am and 5:15 pm by a care inspector. An estates inspector joined the inspection at 2 pm to review variation application VA012691 submitted by the home to increase their registration from 60 to 61 beds.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full details including new areas for improvement can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "they treat me so well, they are so kind" and "you couldn't get any better, I am happy about everything".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "there is good communication and all the staff are lovely".

Questionnaires returned from relatives indicated that they were happy with the care with comments such as "absolutely brilliant care given to my" and "very content that my ... is looked after in Seapattrick Nursing home".

Following the inspection, no staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Some patients were availing of one to one support from staff. Review of one patients' records evidenced that care plans lacked detail in regards to the support required. An area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position however, examination of two patient care records evidenced that they did not have a care plan in place to direct the care required. This was identified as an area for improvement.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable and had a pleasant experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

Discussions with staff evidenced that not all patients were offered a choice of meal at lunchtime. The menu choice list for patients had not been completed for the lunchtime options. There were two options served at lunchtime, one for patients who required their meals to be modified and one for patients who didn't, there was no alternative option. An area for improvement was identified.

Discussion with staff confirmed that the planned menu was not always adhered to due to external factors. Review of records confirmed that variations to the menu were not recorded. This was discussed with the manager and assurances were given that this would be addressed. This will be reviewed at the next inspection.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included hand massage, bingo, board games and quizzes.

On the day of inspection patients were seen to take part in arts and crafts and were visited by the home's pet lizard, Pablo. A number of patients had also been involved in knitting blankets that were being transported out to Uganda.

Patients were well informed of the activities planned and of their opportunity to be involved with comments such as "I love the bingo and keep fit, we are kept busy here!"

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. Minor deficits were identified in one patient's care records; this was discussed with the manager who agreed to address this. Following the inspection, confirmation was received that the necessary action had been taken.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, in one of the units, patients' records were not stored in a confidential manner and could be accessed by unauthorised persons. An area for improvement was identified.

Review of a sample of patient care records identified a number of deficits. There were contradictions in regards to the level of assistance required for mobility and assistance at meal times. This area for improvement was stated for a second time

3.3.4 Quality and Management of Patients' Environment Control

The home was tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment identified concerns that had the potential to impact on patient safety; food, fluids and toiletries were observed unsecured and accessible to patients in a number of bedrooms. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, some IPC deficits were noted, namely: a number of raised toilet seats and shower chairs were found to be stained. An area for improvement was identified.

Regarding variation application VA012691 to increase their registration from 60 to 61 beds, documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations are being implemented.

The accommodation as specified in this variation application was inspected and found to be compliant with current DoH minimum standards.

From an estates perspective RQIA were satisfied that the premises were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jeny Crockett has been the registered manager in this home since 20 December 2024.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address their concerns.

Compliments received about the home were kept and shared with the staff team

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2	5*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jeny Crockett, Manager, and Ms Lorraine Thompson, Regional 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (5) Stated: First time To be completed by: 2 July 2025	<p>The registered person shall ensure that patients' confidential records are securely stored.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: This has been addressed with staff through formal supervision. The key code on the door has also been changed and a notice to advise staff to keep closed. This will be monitored on daily walkarounds by the HM and also during provider visits.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 31 July 2025	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Appropriate containers have been purchased for food items which residents request to be retained in their rooms, these are placed out of sight in rooms. Staff have been reminded through supervision to place toiletries back in the vanity units after use. Both areas will be monitored on daily walkarounds by the HM and also during provider visits.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 31 August 2025	<p>The registered person shall ensure that patients' care records are accurate, reflective of the individual patient's needs, and free from contradictions.</p> <p>Ref: 2.0 & 3.3.3</p> <p>Response by registered person detailing the actions taken: A supervision has been completed with all trained nurses on care plans. All care plans are being reviewed to ensure there is no contradicting information in various care plans, this will be fully actioned by 31 August. Care file audits will continue in line with standards and staff completing audits have been advised to ensure they review the contents of the care plan at all times.</p>

	Care plans will remain a standing item on all meeting agenda's.
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 31 July 2025	The registered person shall ensure that where a patient has been assessed as requiring repositioning, a care plan is in place with the repositioning regime to direct care. Ref: 3.3.2 Response by registered person detailing the actions taken: For those persons requiring repositioning a care plan is in place with regimes. This will be monitored during care file audits.
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 31 July 2025	The registered person shall ensure detailed care plans are in place for those availing of one to one care. Ref: 3.3.2 Response by registered person detailing the actions taken: The care plan for the person prescribed 1:1 care has been updated to reflect the reason for prescription of care, triggers and interactions.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 2 July 2025	The registered person shall review the lunchtime experience to ensure that all patients are offered a choice of meal. Ref: 3.3.2 Response by registered person detailing the actions taken: A record of conversation was had with the Chef and the menu has been reviewed, to ensure there is a choice available at each meal time for all residents in line with IDDIS levels.
Area for improvement 5 Ref: Standard 45.5 Stated: First time To be completed by: 31 July 2025	The registered person shall ensure that patients raised toilet seats and shower chairs are thoroughly cleaned in line with IPC and best practice guidelines. Ref: 3.3.4 Response by registered person detailing the actions taken: All items noted on the day of the inspection have been either cleaned or replaced. Ongoing monitoring of items continues.

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