The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Seabank**

Provider: **Seabank Private Residential Home**

Date of Inspection: **14 February 2026**

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

1.0 Service information

Registered Provider:	Seabank Private Residential Home
Responsible Persons:	Mr William Alexander Duncan Miss Amanda Duncan Mrs Diane Risk
Registered Manager:	Miss Amanda Duncan

Service Profile:

This home is a registered Residential Care Home which provides health and social care for up to 37 residents. The home provides care for residents living with dementia, physical disabilities, mental health and for those needing general residential care.

Resident's 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 located on the ground floor. An activity area is located on the first floor.

2.0 Inspection summary

An unannounced care inspection took place on 14 February 2026, from 9.45 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

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

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Full details, including new areas for improvement identified, 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 resident'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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are very nice", "staff are very helpful" and "the activities are very good, especially bingo".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Two relatives spoken with spoke highly of the care and services provided in the home.

There were no questionnaire responses returned following the inspection.

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 residents. There was evidence of robust systems in place to manage staffing.

Residents 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.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The staff duty rota was not always in keeping with best practice guidance, for example; red pen had been used to make changes, this was discussed with the manager for their review and action.

The staff training matrix evidenced good over all compliance with mandatory training requirements.

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

Observation of the planned activity, which was a Valentine's Day creative activity, confirmed that staff knew and understood resident's preferences and wishes and how to provide support for residents to participate in group activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Review of residents' care records identified concerns in relation to the development, review and update of care plans to ensure they reflected the residents' care needs. For example, there was evidence that care plans were not in place to direct care for those residents with skin care needs. An area for improvement has been identified.

It was also identified that residents risk assessments were not always reviewed or updated in a timely manner. For example; skin care risk assessments were either not in place or not detailed to manage the identified risk for two residents. An area for improvement has been identified.

Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

There was a malodour identified in one communal hallway and in one resident's bedroom, this was discussed with the manager for their review and action.

Observations identified some concerns regarding environmental risk management. For example, cleaning supplies and a mop bucket with dirty water were left unattended in one of the communal bathrooms, which were easily accessible to anyone entering the room. It was also noted that toiletries and topical lotion were accessible in a ground floor bathroom. The kitchen was also unlocked and a resident was observed walking in and out of the kitchen where there was access to a number of hazards, which had the potential to place the resident at risk of harm. An area for improvement has been identified.

It was also noted that in a number of resident's bedrooms there was access to prescribed topical lotions which should be stored safely. An area for improvement has been identified.

Concerns were identified in one resident's bedroom in relation to cleanliness and upkeep of the environment. This was discussed at length with the management team who confirmed that work is ongoing to support this resident with maintaining a safe environment, while ensuring the over all risk is managed. This will be reviewed at a future inspection.

There were some infection prevention and control deficits identified, for example Personal and Protective Equipment (PPE) was not being stored correctly. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Amanda Duncan has been the Registered Manager in this home since 18 December 2020. It was positive to note that the manager had recently completed the 'My Home Life' leadership support programme, which is ran by the University of Ulster and commissioned by the Department of Health.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a 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/or the quality of services provided in the home. However, advice was provided to the manager to review Infection Prevention and Control (IPC) audits to ensure they are effective in identifying shortfalls and driving the required improvements, based on the concerns identified during the inspection. This will be reviewed at a future care inspection.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of these records highlighted actions identified were often carried over from one month to the next. An area for improvement has been identified.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	1	5

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 Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 14 February 2026	The Registered Person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. Ref: 3.3.4 **Response by registered person detailing the actions taken:** Cleaning protocols have been reviewed and reinforced with all staff. It has been clearly communicated that cleaning equipment, including mop buckets, must not be left unattended at any time. All cleaning materials are stored securely within designated housekeeping areas. Ongoing compliance is monitored through daily oversight by the Senior in Charge and regular environmental audits. Access to the kitchen has been risk assessed and appropriate control measures implemented. Arrangements are in place for keypad locks to be installed on kitchen doors to prevent unsupervised access. In the interim, kitchen doors remain locked when not in use, and staff supervision has been reinforced to ensure resident safety.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 March 2026	The Registered Person shall ensure that care plans are kept under review and amended, as changes occur to accurately reflect the needs of residents. Ref: 3.3.3 **Response by registered person detailing the actions taken:** A full review of care planning documentation has been undertaken to ensure all residents' needs are accurately reflected. It was identified that, while skin care plans had been developed and implemented by District Nursing services, these had not been fully incorporated into the home's care planning documentation. All relevant skin care plans have now been integrated into Seabank care plans to ensure staff have clear, accessible guidance to direct care delivery. Care plans have been updated to reflect current treatment regimes and individual needs.

	A system has been implemented to ensure all external professional guidance is promptly incorporated into internal care records. Ongoing monthly audits and care plan reviews will be completed to ensure care plans remain current, person-centred, and reflective of residents' assessed needs.
Area for improvement 2 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 March 2026	The Registered Person shall ensure that individual risk assessments are completed to inform the care planning process, updated when necessary and kept under review for residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: Comprehensive skin care risk assessments have now been completed for the two identified residents, clearly outlining identified risks and the control measures required to mitigate these. These assessments are aligned with current care plans and treatment regimes, including guidance provided by external healthcare professionals. All staff have been reminded of the importance of completing detailed, person-centred risk assessments to support safe and effective care delivery. A system of regular review has been implemented to ensure all risk assessments are accurate, up to date, and reflective of residents' current needs. Ongoing monitoring will be undertaken through monthly audits and management oversight to ensure continued compliance.
Area for improvement 3 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 14 February 2026	The Registered Person shall ensure that all topical lotions are stored safely and securely in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: A review of the storage of prescribed topical lotions has been undertaken. Individual risk assessments have now been completed for all relevant residents to determine the appropriateness of access to such items. Where risks have been identified, topical preparations are stored securely in line with best practice. Care plans have been updated to reflect these arrangements and will be subject to ongoing review.
Area for improvement 4 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 14 February 2026	The Registered Person shall ensure that all Personal and Protective Equipment (PPE) is stored correctly to manage any Infection Prevention and Control (IPC) risks. Ref: 3.3.4

	Response by registered person detailing the actions taken: PPE storage arrangements have been reviewed to ensure compliance with Infection Prevention and Control standards. Aprons previously stored on hooks have been replaced with appropriate wall-mounted dispensers to promote hygienic storage and reduce the risk of contamination. Staff have received guidance in relation to correct PPE storage and usage, and compliance will be monitored through regular IPC audits.
Area for improvement 5 **Ref:** Standard 20.11 **Stated:** First time **To be completed by:** 1 April 2026	The Registered Person shall ensure that actions identified as part of the monthly monitoring visits are addressed within the agreed timeframes. Ref: 3.3.5
	Response by registered person detailing the actions taken: A robust system has been introduced to ensure that all actions identified during monthly monitoring visits are recorded, assigned, and completed within agreed timeframes. Progress is tracked through an action plan log, overseen by the Registered Manager to ensure accountability and timely completion.

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