The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Seapatrick

Provider: Ann's Care Homes

Date of Inspection: 28 April 2026

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 61 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 28 April 2026, between 9:25 am and 4:50 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 2 July 2025; 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, all previous areas for improvement were assessed as having been addressed by the provider. 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 patients', 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 "I am really happy with the care, the staff treat me well" and "it's like a family here, the food is excellent"

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 "staff are extremely approachable and there is good communication" and "I couldn't wish for any better, I know … is well looked after."

Following the inspection, no staff or relative 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 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.

Review of the duty rota over a two week period, evidenced that a number of changes had been made not in line with best practice. An area for improvement was identified.

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and their care records accurately reflected their needs.

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 patients who required a modified diet.

Some of the staff within the home had recently attended an information course on food presentation for patients requiring a modified diet. Feedback from patients in regards to recent changes to the presentation of food was very positive and this was observed on the day of the inspection. Care staff also told us that they felt that patients were enjoying their meals more as a result of this.

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 arts and crafts, pet therapy with the home's pet lizard Pablo, crosswords and puzzles.

Discussion with the activity co-ordinator confirmed that there was flexibility within the programme, and if patients decided that they would prefer an alternative activity, this was accommodated. Links to the local community were encouraged and we were told that children from a nearby school visited the home on a fortnightly basis to engage with the patients and they enjoyed this experience.

Patients were well informed of the activities planned and of their opportunity to be involved.

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 had been developed in a timely manner to direct staff on how to meet the patients' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment

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; thickening agents were observed unsecured and accessible to patients on a trolley in the corridor and in one of the dining rooms. Cleaning products were also observed to be unsupervised on a domestic trolley on the corridor. 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.

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 there was a system in place for reviewing the quality of care, other services and staff practices was in place. However, in the environmental audits, there were omissions in relation to whether deficits identified had been addressed. An area of improvement was identified.

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	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jenny Crockett, manager and Mrs Barbara Armstrong, 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 14 (2) (a) (c) **Stated:** First time	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. This is specifically in relation to cleaning chemicals and thickening agents. Ref: 3.3.4
To be completed by: 28 April 2026	**Response by registered person detailing the actions taken**: Potential Risk of hazard due to access to Cleaninig chemicals has been adressed with Domestic staff through formal supervsion. Potential Risk of hazard due to access to thickning agents also shared through formal supervsion with the registered nurses.This will be monitored on daily walkabout by registered Manager and also during monitoring visits from Senior Management completing Reg.29 visits. Staff will be reminded at weekly flash meeting ,and also at quaterly meetings.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 37.5 **Stated:** First time	The registered person shall ensure that the duty rota is completed in line with best practice and legislative requirements. Ref: 3.3.1
To be completed by: 28 April 2026	**Response by registered person detailing the actions taken:** All nurses have been informed that they must add their initials/signatures to the rota whenever they make any modifications. The Registered Manager will monitor this daily and remind nurses during flash meetings, quarterly meetings, or whenever necessary. This will also be monitored during visits from Senior Management completing Reg.29 visits.

Area for improvement 2 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 May 2026	The registered person shall ensure that environmental audits include where required a clear action plan, the person responsible for completing the action and that the appropriate follow up to ensure any identified actions are addressed and recorded. Ref: 3.3.5
	Response by registered person detailing the actions taken: Registered manager will ensure all deficits identified in Environmental audits will be transcribed onto a clear Action Plan identifying the person responsible for completing, required time frame and follow up that all the actions are adressed and recorded in the audits.

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

The Regulation and Quality Improvement Authority

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