The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Seabank

Provider: Seabank Private Residential Home

Date of Inspection: 18 August 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:	Seabank Private Residential Home
Responsible Individual/Responsible Person:	Mr William Alexander Duncan
Registered Manager:	Miss Amanda Duncan

Service Profile –

Seabank 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 inspection took place on 18 August 2026, from 9.25 am to 4.20 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 14 February 2026 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 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.

As a result of this inspection areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 included in their care and spoke positively about the staff and management.
Residents told us that 'staff are great, very helpful', 'the portions [of food] are good' and 'no complaints about living here'.
Staff spoke positively about their work and told us that the manager was supportive and available for advice and guidance when needed.

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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff responded to call bells and requests for assistance from residents in a compassionate and timely way.
Residents were given choice on how to spend their day, one resident told us that they enjoyed a lie in most mornings and got breakfast when they were ready.

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 residents. Staff were knowledgeable of individual residents' 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.

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 were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, examination of care records 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 the Trust's Specialist Falls Service or their GP.

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 assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried.
It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity which was 'chair exercises' confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, watching TV, listening to music or waiting for their visitors to come.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The home has a dedicated activity therapist who was enthusiastic about her role. The monthly programme of social events was displayed on the noticeboard and shared with residents advising of future events.

Residents' needs were met through a range of individual and group activities such as baking, visits to the local sea life centre, jewellery making and arts and crafts. In addition, 'armchair exercises' and 'music time' were scheduled daily.

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.

Residents care records were held confidentially.

Whilst we found records were held and some improvement made since last inspection, review of a sample records found that care plans were not being routinely amended following a change in health need communicated by other professionals for example, GP or District Nursing. This included but was not limited to management of falls and skin care plans. This was discussed in detail with the management team and an area for improvement has been stated for a second time.

It was also noted on reviewing a sample of records that risk assessments were not reviewed on a regular basis or updated in a timely manner when there was a change in need. This was discussed with the management team in detail and an area for improvement was stated for a second time.

3.3.4 Quality and Management of Residents' Environment

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

Some radiators in corridors were noted to be exceptionally hot to touch. In addition, whilst they were not on, radiators were noted to be beside some residents' beds. This was fed back to the management team for consideration in their environmental safety audits and to act where they believe to be a risk of burning or scalds.

It was found that pull cords throughout the home do not have a covering to ensure effective cleaning. An area for improvement has been identified.

Fire safety checks were in place and the most recent Fire Risk Assessment had no action plan.

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 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 by the home.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A register of compliments was maintained. Some comments included, 'A lovely warm, friendly atmosphere', 'Staff have been wonderful to me...' and 'thank you for all the care and good times'.

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	0*	3*

* the total number of areas for improvement includes two that have been stated for a second time.

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 (Dec 2022)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** Second 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:** Following the previous inspection, responsibility for the review of individual care plans has been allocated to Senior Care Staff, with each Senior Care allocated specific resident care files. Monthly care plan audits are now being completed and cross-checked by the Registered Manager to ensure that care plans remain current and accurately reflect residents' assessed needs. During discussion with the inspector at this inspection, the requirement for care plan evaluation was clarified. It was identified that a separate evaluation is required for each individual section of the resident's care plan, rather than one overall evaluation of the care plan. Separate evaluation sections have now been implemented within each resident's care documentation. These are to be reviewed and updated when changes occur to the resident's needs, ensuring that each aspect of care remains reflective of the care being delivered. Management oversight and monthly auditing will continue to monitor compliance and ensure that identified improvements are sustained.
Area for improvement 2 **Ref:** Standard 6 **Stated:** Second 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:** Individual resident risk assessments have been reviewed to ensure that identified risks are appropriately assessed, documented and managed, with relevant risk assessments now in place and kept under review.

	In relation to the risk assessment identified during the inspection, this has now been amended to accurately reflect the current position following intervention and review by the District Nursing Team. The assessment records that the District Nurses have completed the required treatment/intervention and that the resident's skin is currently intact and in good condition. Risk assessments will continue to be reviewed following any change in a resident's condition, treatment or identified risk, and through the home's ongoing care documentation and management audit processes.
Area for improvement 3 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 18 August 2026	The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors.
	Response by registered person detailing the actions taken: Following the inspection, the identified infection prevention and control concern regarding non-wipeable pull cords was addressed. All identified pull cords have now been replaced or fitted with wipeable covers to facilitate effective cleaning and disinfection. Staff have been reminded of the importance of ensuring that equipment and environmental fixtures are maintained in a condition that allows effective cleaning and minimises the risk of infection transmission. Environmental and IPC checks will continue to be undertaken to ensure that the required standard is maintained.

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The Regulation and Quality Improvement Authority

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