

Inspection Report

16 April 2024



Abbeylands Care Home – Seapark Unit

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited Responsible Individual Mrs Ruth Burrows	Registered Manager: Mr Mauro J Magbitang Jr - Acting
Person in charge at the time of inspection: Mr Mauro J Magbitang Jr	Number of registered places: 37 A maximum of 1 resident in category RC-MP
Categories of care: Residential Care (RC) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 37 residents. The home is divided over two floors, with communal lounges, bathrooms and dining rooms on each floor. There is also a registered nursing home located within the same building and for which the manager also has operational responsibility and oversight.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2024, from 9.15 am to 7.20 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience. Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents, their relatives and other professionals are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Areas for improvement were identified during this inspection with regards to, the oversight of staff registration with the Northern Ireland Social Care Council (NISCC), staff annual appraisals, evidence of resident collaboration in their care plans, communication regarding modified diets, activities and the fire risk assessment.

We found that there was safe, effective and compassionate care delivered in Abbeylands-Seapark Unit and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Mauro J Magbitang Jr, Manager and Mrs Louisa Semple, Operations Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "the staff are very kind and attentive", "if you need staff they are there for you", and "this place is excellent, I have no complaints"

Comments from residents regarding meal times and activities were discussed with the management team during feedback for further action and are discussed in the main body of this report.

We spoke with two resident's relatives who told us they had no concerns about the home, commenting; "we are very happy with the care being provided, it is very good" and "this place is brilliant we are so pleased."

A visiting professional told us, "I have no concerns here, the staff know the residents very well."

All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

Following the inspection, no comments were received from staff via the online survey. No questionnaires were received from residents. One response was received from a relative confirming that the day to day care provided by the home was 'exemplary' and said that their relative was treated with respect.

There was no evidence of any record of compliments received about the home, this was discussed with the management team who agreed that going forward they would collate the compliments received and share them with the staff team. this will be reviewed at the next inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Abbeylands Care Home – Seapark Unit was undertaken on 27 April 2023 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Competency assessments for the person in charge when the manager was not on duty had been completed for all relevant staff.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics such as adult safeguarding, falls prevention and moving and handling.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC). However, the most recent NISCC audit was incomplete and did not fully reflect the current NISCC registration status of a number of staff. An area for improvement was identified.

There was no evidence that the manager had a plan in place for all the staff to their annual appraisal for 2024, an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff said, "there is good support here, we are a good team." A new member of staff confirmed that they had received a good supportive induction and that they had been made feel welcome by the staff and management team."

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and knew how to respond to the different assessed needs and wishes of each individual resident.

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, staff were observed spending time with residents, supporting them to make choices throughout the day.

One resident said "the staff are magical"

Residents and their relatives spoken to expressed no concerns regarding the staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed interacting with residents in a respectful and compassionate manner. Staff showed excellent communication skills when communicating with residents; they were 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.

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.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet. There were systems in place to promote the safe management of food and fluids to ensure those residents who required specific International Dysphagia Diet Standardisation Initiative, (IDDSI) levels received the correct meal. A member of staff was in the dining room to oversee the lunchtime experience. However; on the day of the inspection separate records maintained by the kitchen staff did not correspond with residents' individual assessed needs. Two residents were provided with the wrong level of modified diet, this was identified by the member of staff overseeing the lunch time meal and was immediately addressed and the correct level provided. This was highlighted to the management team for their action and review. An area for improvement was identified.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience. Feedback from a number of residents' indicated that they were unhappy with the quality of meals provided, this was discussed with the management team who agreed to meet with residents to discuss the meals provided in the home, this will be reviewed at the next inspection.

Residents' needs were assessed 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. There was no evidence of resident involvement in the planning their own care, this was discussed with the management team during feedback. An area for improvement was identified.

Residents care records were held confidentially.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this, however some of these records were not up to date, this was discussed with the management team during feedback for immediate action, this will be reviewed at the next inspection.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents' relatives said that "the care here is excellent". Relatives also told us that the communication between the home and themselves was excellent and that they always felt welcome when visiting the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. One resident commented "my room is cleaned every day; the place is very clean."

Corridors were clean and free from clutter or hazards and fire doors were unobstructed. Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

A review of the most recent fire risk assessment did not provide any evidence that the actions identified by the fire risk assessor had been completed within the required timeframe. This was discussed with the management team for their immediate attention and to provide RQIA with assurance regarding the completion of the required actions. An area for improvement was identified. Following the inspection an updated action plan was received which provided information regarding the progress with the identified actions.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been completed.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV, residents could go out to the local community and spend time with family and friends as they wished.

The home had no activities co-ordinator working in the home. This has had an impact on the activities that are being offered within the home and activities were not being delivered on a consistent or organised basis. A planned programme of activities and events is important as it promotes the social, emotional and psychological wellbeing of the residents in the home. This was discussed with the management team who informed us that a new co-ordinator has recently been employed and they are awaiting a start date. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, relatives told us "the communication here is great, we always feel very welcome when we visit."

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Mauro J Magbitang Jr has been the Acting Manager of this home since 30 January 2024.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager officer was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and relatives spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance. The interaction between staff and the manager was observed to be relaxed and supportive throughout the day of the inspection.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 21 (1) (b) Schedule 2 (5) Stated: First time To be completed by: From the date of the inspection 16 April 2024.	<p>The registered person shall ensure that the NISCC audit is kept up to date, includes all relevant staff and accurately reflects their registration status.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The NISCC log has been updated to reflect all the required details. This log will be reviewed at least monthly by the Manager and updated where required. Compliance will be monitored as part of the Regulation 29 visit.</p>
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: From the date of the inspection 16 April 2024.	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required. <p>Ref: 5.2.3</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The Fire risk assessment action plan has been reviewed and actions taken signed off by the Home Manager. This will be monitored and maintained annually or as changes are required. Compliance will be reviewed as part of the Regulation 29 visit.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that all staff have formal recorded appraisal annually.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>An appraisal planner is in place and appraisals have commenced. Compliance will be reviewed as part of the Regulation 29 visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection 16 April 2024</p>	<p>The registered person shall ensure that all records are legible, up-to-date, signed and dated. This is with specific reference to the dietary records held by the kitchen staff.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The 6 monthly choking audit has been completed. The Diet Notification forms and menu selection sheet have all been reviewed, updated and provided to the Kitchen. Any changes in dietary needs will be communicated to the kitchen on a new form. The Home Manager will keep this under review and compliance will be monitored as part of the Regulation 29 visit.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall ensure that there is evidence of resident involvement in the care planning process where appropriate.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>A resident care plan agreement form has been put in place for all residents to evidence the involvement of the resident in the care planning process. The Home Manager will audit this as part of the care plan audit process and compliance will be monitored as part of the Regulation 29 Visit.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 13.1 and 13.2</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection 16 April 2024</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The new Personal Activities Leader has now commenced in post and is carrying out an audit of resident's preference in activities which, will support the programme of activities in place going forward. An activities planner has been developed, this will be monitored by the Manager as part of his daily walkaround and compliance will be monitored as part of the Regulation 29 Visit.</p>

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