



Unannounced Care Inspection Report 9 January 2020



Abbeylands – Seapark Unit

Type of Service: Residential Care Home
**Address: Abbeylands – Seapark Unit, Whiteabbey,
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Inspector: Marie-Claire Quinn

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 36 residents who have been assessed as requiring care under the categories listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Eleanor Dodson 23 February 2018
Person in charge at the time of inspection: Eleanor Dodson, manager	Number of registered places: 36
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.	Total number of residents in the residential care home on the day of this inspection: 35

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 09.35 hours to 18.05 hours.

This inspection was undertaken by the care inspector in conjunction with an inspection of the nursing home which is on the same site and under the same management.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

An area for improvement in respect of the previous medicines management inspection was not reviewed during this inspection and is carried forward to the next inspection.

Evidence of good practice was found as residents were well presented, and their needs attended to promptly. There were positive interactions between residents and staff. Staff had good knowledge and understanding of individual resident's needs and preferences, and encouraged choice and independence where possible.

Areas requiring improvement were identified in relation to the planning and provision of activities, dining arrangements, care records relating to resident's social and recreational needs and interests, and management oversight.

Residents and relatives were positive about the cleanliness of the home and the kindness and caring of staff.

Comments received from residents, relatives and staff during the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*3

*The total number of areas for improvement includes two standards which have been stated for a second time. One regulation and one standard have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, manager; Linda Moore, deputy manager of Abbeylands nursing home; and Susan Cooke, resident experience team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, given the inspection findings, the home's management team were invited to attend a meeting with RQIA on 17 January 2020. This meeting was attended by Eleanor Dodson, manager, Janice Brown, regional manager and Ruth Burrows, head of operational quality. RQIA were provided with an action plan and sufficient assurances regarding their progress in addressing these areas for improvement arising from the care inspection.

Given these assurances, it was agreed that the identified areas for improvement could be managed through the Quality Improvement Plan included in this report.

4.2 Action/enforcement taken following the most recent inspection dated 15 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care and medicines management inspections and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

On the day of inspection, we spoke with nine residents on an individual basis and met with other residents in a group setting. We also spoke with two relatives and four staff. Their comments are included in the report below.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Unfortunately no responses were received within the agreed time frame of two weeks following the inspection.

During the inspection a sample of records was examined which included:

- staff duty rotas from 23 December 2019 to 5 January 2020
- the care records of five residents
- the daily menu for 9 January 2020
- a sample of governance audits including complaints, management daily walkabouts, staff's professional registration with the Northern Ireland Social Care Council (NISCC) and annual care reviews
- accident/incident records from 1 October 2019 to 6 December 2019
- monthly monitoring reports dated 15 October 2019, 18 November 2019 and 9 December 2019
- fire risk assessment dated June 2019.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met, with the exception of one area for improvement which was carried forward to the next inspection.

One area for improvement identified at the last medicines management inspection was not reviewed as part of this inspection and is carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 15 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (5) Stated: Second time	The registered person shall ensure that information about a resident's health and treatment is handled confidentially at all times, by being stored securely.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met. Please see section 6.2.1 for further information.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 7.4 Stated: Second time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident and/or relative declines or is unable to sign the consent forms, this is also recorded.	Met
	Action taken as confirmed during the inspection: This area for improvement has been met. Please see section 6.2.4 for further information.	
Area for improvement 2 Ref: Standard 5.3 Stated: First time	The registered person shall ensure information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an ongoing basis and recorded within care records.	Not met
	Action taken as confirmed during the inspection: This has not been met and has been stated for a second time. Please see section 6.2.4	

Area for improvement 3 Ref: Standard 13.2 Stated: First time	<p>The registered person shall ensure that the home plans and maintains a programme which includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p> <p>Action taken as confirmed during the inspection: This has not been met and has been stated for a second time. Please see section 6.2.2 for further information.</p>	Not met
Area for improvement 4 Ref: Standard 25.1 Stated: First time	<p>The registered person shall ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements. This includes sufficient staffing levels to ensure that care records can be consistently maintained to a high standard.</p> <p>Action taken as confirmed during the inspection: Discussion with residents and observation of practice evidenced there was a less pressurised environment in the home compared to our last inspection on 15 April 2019. Care was delivered in an organised and unhurried manner. Sufficient improvements had been made to the overall standard of care records. This area for improvement has therefore been met.</p>	
Area for improvement 5 Ref: Standard 27.1 Stated: First time	<p>The registered person shall ensure that the building is decorated to a standard acceptable for the residents.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: This area for improvement has been partially met and is carried forward to the next care inspection. Please see section 6.2.1 for further information.</p>	Partially met and carried forward to the next care inspection

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all residents have a continuous supply of their prescribed medicines. Ref: 6.3	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.	

6.2 Inspection findings

6.2.1 Environment

At the previous care inspection, an area of improvement had been made regarding the general décor of the home. There was evidence that some refurbishment had been completed, including the creation of staff station, replacement of a broken step and repainting. The home was brighter, tidier and cleaner overall. Residents told us, "They (staff) keep the place very clean."

An office had now been built around the staff station, providing privacy and additional security for storage of residents' care records. On one occasion after lunch, we found this door unlocked and filing cabinets unlocked while office was unattended; thickening agents had also been inappropriately stored. When this was highlighted to staff, it was rectified immediately. We felt sufficient progress had been made in relation to the original area for improvement however reiterated to management the need to ensure that office space was secured when not in use.

We noted that the outdoor smoking area needed to be tidied and two chairs in the smoking room needed to be replaced; management agreed to address this immediately. We also noted that wooden hand rails remained chipped in some areas. Discussion with management and review of monthly monitoring reports identified that further redecoration was planned. Therefore, we agreed that this area for improvement was partially met and would be carried forward to the next care inspection.

6.2.2 Care Delivery

No concerns regarding staffing levels were raised by residents or staff. Residents had been supported with attending to their personal care, and staff were visible and available throughout the day. Residents told us:

- “There are plenty of staff. They tell me to call them and they come when I need them.”
- “Staff are exceptional; very kind and very good to me.”
- “Overall it’s fine. Most staff are nice and kind.”
- “We are lifted and laid here.”

We saw staff engage with residents in a friendly, cheerful and kind manner. This was confirmed by the relatives we spoke with:

- “All the staff, even the domestic and maintenance staff, are kind and friendly. They know (my relative) well and have a bit of banter.”

Staff had good knowledge of residents’ individual needs and preferences. It was also positive to note how staff were able to describe how they offer choice and encourage residents’ independence throughout the day. When we spoke with care staff, they told us:

- “I like working here. The residents are all happy and fine. There is good support from management.”
- “Residents tell me they are happy and I have no concerns with how they are looked after in the home.”
- “There is good team work here; we all work hard. I wouldn’t be here if I wasn’t happy, and if the residents weren’t happy.”

An area for improvement had been made at the previous inspection regarding activities. One resident told us, “There’s not much on here. Everyone just sleeps.” On the day of inspection, we observed residents watching television or sleeping. Relatives we spoke with reported there had been no meaningful activities organised since July 2019 and felt there was a lack of stimulation for residents. Staff described some of the activities available to residents; however this was not evident on the day. This area for improvement has therefore not been met and has been stated for a second time. An area for improvement has also been made under regulation to ensure residents are offered meaningful activities which promote their health and welfare.

6.2.3 Dining arrangements

Residents and relatives raised issues relating to the quality and variety of the food. We were advised that sometimes food was served cold. Residents did confirm that they always got enough to eat. There was some evidence of the home responding to this negative feedback in monthly monitoring visits; however, residents had stated that progress was insufficient.

Although there was evidence that residents were offered a choice, and alternatives were provided, we noted that with the exception of one person, everyone had the same lunch time meal.

We asked the home to review the dining arrangements, including the environment. An area for improvement was made under regulation.

6.2.4 Care Records

At the last care inspection, an area for improvement had been made regarding written records of consent from residents and/or representatives. Review of the care records of five residents confirmed that a consent template was now in place. Three of the five records had been

signed. We were satisfied that this area for improvement had been addressed, although noted a lack of timely action by management to address this.

An additional area for improvement had been made regarding the completion of care records of resident's life history and previous lifestyle, values and personal preferences. This information should be used by the home to plan and deliver person-centred therapeutic social and leisure activities. Review of care records confirmed this had yet to be completed.

When we reviewed monthly monitoring reports, reference was made to the vacant activities co-ordinator post causing the delay in gathering this information. We highlighted to management that this is an integral part of care staff's assessment given the home's statement of purpose and social model of care. An area for improvement under standards has been stated for a second time.

6.2.5 Management oversight

As discussed in section 6.2.4 above, there was evidence of a lack of robust and timely management progress in relation to areas for improvement identified by RQIA at the last care inspection on 15 April 2019. In addition, we noted a similar lack of responsive and timely review of action plans identified during monthly monitoring visits. We spoke with relatives who raised similar concerns. An area for improvement under regulation has therefore been made regarding this.

We reviewed the fire risk assessment for the entire premises which includes the registered nursing home. The review of the fire risk assessment confirmed that insufficient progress had been made and areas restated by the fire safety officer. This has been stated as an area for improvement under regulation.

On the day of inspection, management were unable to confirm that all staff were registered with their professional body, the Northern Ireland Social Care Council. This was confirmed following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection as residents were well presented, and their needs attended to promptly. There were positive interactions between residents and staff. Staff had good knowledge and understanding of individual residents' needs and preferences, and encouraged choice and independence where possible.

Areas for improvement

Four new areas for improvement were identified during the inspection, as detailed in the Quality Improvement Plan below.

	Regulations	Standards
Total number of areas for improvement	4	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eleanor Dodson, manager; Linda Moore, deputy manager of Abbeylands nursing home; and Susan Cooke, resident experience team, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 27 October 2018	<p>The registered person shall ensure that all residents have a continuous supply of their prescribed medicines.</p> <p>Ref: 6.3</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</p> <p>Ref: 6.3</p>
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time To be completed by: with immediate affect	<p>The registered person shall ensure that the residential care home provides opportunities for residents to engage in a range of activities which support and maintain their health and welfare.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has now employed a PAL allowing for activities to take place Monday to Friday and at other times if required. A plan of activities has been implemented following a resident/relative meeting where both residents/relatives suggested a range of activities that will maintain the health of the residents, i.e. Arts and crafts, cookery classes and age appropriate games and quizzes reflecting individual choice..</p>
Area for improvement 3 Ref: Regulation 12 (5) Stated: First time To be completed by: with immediate affect	<p>The registered person shall ensure that the dining experience of residents is reviewed and improved in keeping with best practice standards.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Registered person working alongside the Resident Experience Catering Facilitator has carried out food questionnaires with all residents. Residents with specific dietary preferences have had their menus altered. The Resident Experience Catering Facilitator visits the Home twice weekly to ensure that the Registered person is overseeing best practice standards. Interviews for a Cook Manager and an Assistant Cook have been held, we are awaiting AccessNI clearance and references to complete the recruitment process.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: with immediate affect</p>	<p>The registered person shall ensure timely and robust governance arrangements, including monitoring and review of audits, monthly monitoring reports and areas of improvement identified by RQIA.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Registered person has commenced weekly governance meetings with both Deputies and from the 09/03/20 will also include the Housekeeper, Cook Manager, PAL and Maintenance Persons. The purpose of these meetings are to review all areas of improvement identified by RQIA and ensure that these are being improved and to review all audits that have been carried out on the previous week ensuring follow up actions are planned, completed and sustained.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: with immediate affect</p>	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Registered person has a current written risk assessment and fire management plan in the Home that has been revised and actioned were necessary or whenever the fire risk changes.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2019</p>	<p>The registered person shall ensure that the building is decorated to a standard acceptable for the residents.</p> <p>Ref: 6.4</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.4</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p> <p>To be completed by: 9 March 2020</p>	<p>The registered person shall ensure information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an ongoing basis and recorded within care records.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The Registered person along with the PAL, Deputy, Carers, residents and family members have collected life histories, previous lifestyles, values and personal preferences so as to complete person centred care plans. These care plans will guide the PAL and other staff to</p>

	enhance the quality of life experience for the residents while living in the residential unit.
Area for improvement 3 Ref: Standard 13.2 Stated: Second time To be completed by: with immediate affect	The registered person shall ensure that the home plans and maintains a programme which includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events. Ref: 6.2.2
	Response by registered person detailing the actions taken: The Registered person along with the PAL has devised an activity programme that is purposeful, age and culturally appropriate whilst taking into account the spiritual needs of the residents and promoting healthy living and social inclusion.

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



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