

# Inspection Report

**10 May 2022**



## Abbeylands - Seapark Unit

**Type of Service: Residential Care Home**  
**Address: 441 Shore Road, Whiteabbey,**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual</b> Mrs Natasha Southall	<b>Registered Manager:</b> Mrs Roxana Mitrea  <b>Date registered:</b> 10 May 2022
<b>Person in charge at the time of inspection:</b> Mrs Roxana Mitrea	<b>Number of registered places:</b> 37  A maximum of 1 resident in category RC-MP and 1 named resident in category RC-A.
<b>Categories of care:</b> 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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b>  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 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 10 May 2022, from 10am to 3.35pm by a care inspector.

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

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.

We found that there was safe, effective and compassionate care delivered in the home and that the home was well led by the manager.

Overall improvements were noted throughout the home, with the 12 identified areas for improvement from the previous care inspection being assessed as met. No new areas requiring improvement were identified during this inspection.

The findings of this report will provide the management 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 and 'Tell Us' cards 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 the management team at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with 13 residents who described positive experiences living in the home, including the care provided by staff, their relationships with staff and the activities provided in the home. Specific comments included, "Sure how could I complain? Staff are very good" and "Not only are staff kind, they are gentle. I was dreading coming in here but staff help me when I need it."

Those residents less able to clearly voice their opinions indicated through non-verbal communication, such as nodding, smiling and 'thumbs up' gestures that they were comfortable and content.

We spoke with five staff during the inspection. Staff described how there had been "a bit of change, for the good" and outlined improvements in staffing arrangements, care delivery, activities provision, staff training and management in the home. Specific comments included, "There is a calmer atmosphere, and we always have staff. Staff are happier and the residents are happier" and "This is one of the better homes I've worked in."

One questionnaire was received from a relative following the inspection. They confirmed that they were very satisfied that the care in the home was safe, and satisfied that care was effective and compassionate, and that the home was well led. The relative commented, "I feel the staff have been very welcoming which has made my (relative) very content."

## 5.0 The inspection

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

Areas for improvement from the last inspection on 29 April 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13.(7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the spread of infection. This relates specifically to the use of PPE by all staff members when required.  Ref: 5.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14(2) (a) and (c)  <b>Stated:</b> First time	The registered person shall ensure, as far as reasonably practicable, that all parts of the residential care home to which residents have access are free from hazards to their safety; and that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.  This relates specifically to the storage of and access to medication, fortified drinks, cleaning	<b>Met</b>

	<p>supplies and toiletries.</p> <p>Ref: 5.2.3</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met. The lock for one sluice was noted to be broken however this was addressed by the manager on the day of inspection.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (c) (ii)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff maintains their professional registration with NISCC.</p> <p>Ref: 5.2.5</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager shall review and address any action plans identified in the written monthly monitoring report, in a timely manner.</p> <p>Ref: 5.2.5</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29 (5)(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that monthly monitoring reports are forwarded to RQIA by the fourth day of each month, for a period of at least three months.</p> <p>Ref: 5.2.5</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time	A full and accurate record is kept of staff working over a 24-hour period and the capacity in which they worked.  Ref: 5.2.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	All records, and specifically post-falls observation records, must be signed and dated by the person making the entry.  Ref: 5.2.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	An individual comprehensive care plan is in place regarding residents' mental health and management of any distressed reactions. This must include personalised strategies or programmes to manage specified behaviours.  Ref: 5.2.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager established that one resident was awaiting the outcome of multi-disciplinary assessments; their care plan remained under review and would be further updated once these assessments were complete. There was sufficient evidence that this area for improvement had been met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 22.5  <b>Stated:</b> First time	Staff are trained to use and manage records in line with good practice and legislative requirements.  Ref: 5.2.2	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	Fittings and any equipment, including call bells, in areas accessed by residents should be positioned to take into account the mobility and overall needs of the residents.  Ref: 5.2.3 <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 6</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time <b>To be completed by:</b> 29 July 2021	All staff must participate in a fire evacuation drill at least once a year. Action taken on problems or defects should be recorded.  Ref: 5.2.3 <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 7</b> <b>Ref:</b> Standard 23.4 <b>Stated:</b> First time <b>To be completed by:</b> 29 July 2021	The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards.  Ref: 5.2.5 <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Despite ongoing recruitment efforts, no staff had been recruited in the care home since the last care inspection. Agency staff were block booked to ensure safe and consistent staffing levels were maintained.



There were systems in place to ensure staff were trained and supported to do their job. It was evident that staff and management had worked hard to address previous deficits in training, with many mandatory training sessions now completed by 100% of staff. This is to be commended. Staff also provided positive feedback on care records training, describing this as “helpful and relevant” and “enlightening. We were doing things that didn’t need to be done. It’s more manageable work load wise now.” The impact of this was evident, given the improvements in care records noted in section 5.1.

Staff told us that the residents’ needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. 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 did highlight the need for permanent staff, rather than the use of agency. This feedback was shared with the management team for action and review.

Residents said staff responded promptly to call bells, that staff knew them well and knew how best to help them.

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, some residents requested additional support to complete physiotherapy exercises, and staff were also able to provide individual therapeutic activities for those residents who did not wish to engage in group activities.

Staff told us that there was enough staff on duty to meet the needs of the residents. Some staff felt it might be beneficial to have additional staff working in the morning, to ensure that residents did not feel rushed. This feedback was shared with the manager for consideration. The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this, as it 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. Staff were clearly delegated to either the ground floor or first floor of the home. Staff confirmed that this had aided more organised and efficient care delivery; this reflected our observations on the day.

## **5.2.2 Care Delivery and Record Keeping**

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. Several residents told us how staff helped them to manage chronic pain, by helping them to mobilise, complete their physiotherapy exercises, and ensuring they got pain medication when they needed it.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.



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.

At times some residents may be subject to restrictions or required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. It was established that safe systems were in place to manage this aspect of care. Management maintained robust oversight of any restricted practices used in the home.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with staff 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. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. It was positive to note that the manager had implemented a new post-falls investigation report template, which had improved the quality of staff's record keeping.

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.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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 was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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. Residents care records were held confidentially.

Care records were maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. One shower chair was showing signs of wear and tear; the manager arranged to replace this immediately.

Maintenance was ongoing in the home, and a plan was in place regarding repainting in the home, to address signs of wear and tear along hand rails and door frames.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. Discussion with staff and management established that agency staff who had been block booked had not been included in the home's mandatory fire training. The manager immediately arranged this training for relevant staff and confirmed this in writing to RQIA following the inspection.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

### 5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents 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.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, some residents went out for a walk, while others preferred chatting with other residents in the lounge. Several residents were delighted to have their hair washed and blow dried by the home's hair dresser, and told us they enjoyed getting pampered as staff also gave them manicures.

Residents' needs were met through a range of individual and group activities, such as chair exercises, sing songs and movie days. There was evidence that special events, such as birthdays, were celebrated, as well as seasonal activities and musical events. Several residents spoke excitedly about the recent musical entertainment in the home. Comments included, "It gives you a lift. He was a great singer. I loved the dancing" and "This place was like a honky-tonk bar yesterday! Great craic!" Staff told us, "The residents were in their element!"

Both staff and residents were complimentary about the home's Personal Activities Lead (PAL) and the positive impact they had on the atmosphere and activities engagement in the home. It was reassuring that staff also reported that activities were provided, even with the PAL was not on duty. For instance, staff were able to spend one to one time chatting with individual residents in their rooms, or support a small group of residents to sit outside and enjoy the good weather with an ice-cream.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Roxana Mitrea has been the manager in this home since 20 September 2021.

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.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. Staff said "The manager always says, 'My door may be closed, but that doesn't mean you can't come in!' and "If you speak to her (the manager) she does listen. We are happier in our work."

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. Advice and clarification was provided on incidents notifiable to RQIA and the manager confirmed they had a copy of the RQIA 'Statutory Notification of Incidents and Deaths: Guidance for Registered Providers and Managers of Regulated Services' (25 March 2022).

There was a system in place to manage complaints. No complaints had been received since the last care inspection. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.



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