

Unannounced Care Inspection Report

23 July 2020



Abbeylands - Seapark Unit

Type of Service: Residential Care Home (RCH)
Address: 441 Shore Road, Whiteabbey, Belfast BT37 9SE
Tel No: 028 9086 4552
Inspector: Marie-Claire Quinn

www.rqia.org.uk

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 care home registered to provide residential care for up to 37 residents.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): 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: 37
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 home on the day of this inspection: 35

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

An unannounced inspection took place on 23 July 2020 from 11:00 to 16:40 hours.

The inspection sought to assess progress with issues raised in the previous quality improvement plan. In addition, the following areas were reviewed during the inspection:

- Infection Prevention and Control (IPC) practices
- care delivery
- consultation.

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	*2	*2

*The total number of areas for improvement includes one regulation which has been stated for a second time. One regulation has been carried forward for review at the next medicines

management inspection. Two standards have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, manager; Jennifer McNamara, deputy manager; and Linda Moore, deputy manager of Abbeylands Nursing Home, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the home
- Written and verbal communication received since the previous care inspection
- The returned QIP from the previous care inspection
- The previous care inspection report.

Questionnaires and 'Have We Missed You' cards were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- Care records for four residents
- Recruitment records for two staff
- Staffing rota from 13 to 26 July 2020
- Monthly monitoring reports dated 14 February, 30 April, 25 May and 24 June 2020
- A sample of governance audits including complaints and accidents and incidents
- Compliments records
- Fire risk assessment and action plan June 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met, partially met, not met or 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 previous care inspection 9 January 2020

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 13 (4) Stated: First time To be completed by: 27 October 2018	The registered person shall ensure that all residents have a continuous supply of their prescribed medicines. Ref: 6.3	Carried forward to the next medicines management 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.	
Area for improvement 2 Ref: Regulation 13 (1) Stated: First time To be completed by: with immediate affect	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. Ref: 6.2.2	Met
	Action taken as confirmed during the inspection: When we arrived to the home, visiting arrangements were in place in line with current COVID19 guidance. Staff and management were able to outline how visiting has been risk assessed and is managed to minimise the risk of infection. Visiting is scheduled and arranged in advance; visitors' temperatures are checked and they wear face masks. Staff supervise at a discreet distance, to ensure social distancing is maintained. Given the additional measures in place, visiting is currently part of the activities schedule in the home. Other residents were observed spending time with their friends in the lounge; staff described how this is organised to adhere to social distancing.	

	<p>We spoke with residents who confirmed that although they disliked lockdown restrictions, they were content being in their rooms, watching television and reading magazines or books. Staff confirmed there was sufficient time for individual activities such as chatting privately to residents or nail care. This reflected our observations on the day of inspection. For instance, one resident was enjoying having her hair blow dried by a member of staff.</p> <p>Staff also advised that, since the previous inspection, the home had employed a PAL and they outlined the positive impact this had for residents in the home. Unfortunately, the PAL had recently resigned; discussion with the manager confirmed recruitment was ongoing and another potential candidate for this role had already been identified.</p> <p>We were therefore satisfied that there had been sufficient progress to meet this area of improvement.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (5)</p> <p>Stated: First time</p> <p>To be completed by: with immediate affect</p>	<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>Action taken as confirmed during the inspection: Both dining rooms were clean and tidy. Some minor redecoration had been completed to make the rooms brighter and more inviting. Further redecoration plans were adjusted in line with required infection prevention and control measures. For instance, table cloths were immediately removed and laundered after each meal.</p> <p>Social distancing measures were in place, with reduced number of residents eating in the dining rooms. Residents confirmed they had a choice about where to eat, and some expressed their preference to enjoy their meals in their bedrooms or in the lounge.</p> <p>We observed the serving of the lunch time meal. Residents were served in a timely way, and the</p>	<p>Met</p>

	<p>food was transported appropriately, to ensure it was served hot. The food looked and smelled appetising. Portion sizes were appropriate and additional servings were available if required. Residents were provided with a choice of pork chop or mince and this was served with potatoes and vegetables. Those residents who required a specialised diet were also catered to, and staff displayed good knowledge regarding this.</p> <p>We also observed residents being offered and encouraged to take hot or cold drinks throughout the day.</p> <p>Residents were positive about the food provided in the home; they told us they had enjoyed their lunch and that they always got enough to eat. Review of care records also confirmed that dining and dietary arrangements had been reviewed with residents; this included food questionnaires to review specific likes and dislikes.</p> <p>The staff we spoke with confirmed there had been great improvements in the catering arrangements in the home, due to permanent and skilled catering staff now being employed in the home.</p> <p>This area for improvement has therefore been met.</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>Action taken as confirmed during the inspection: Review of a sample of governance records identified that overall improvements had been made to the governance systems in the home. This included the training and delegation of care staff to complete audits. Improvements were noted in management oversight and analysis of falls and complaints. Action plans remained under review and included clear time frames. We were satisfied that there had been sufficient</p>	<p>Met</p>

	progress to meet this area of improvement.	
Area for improvement 5 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: with immediate affect	<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>Action taken as confirmed during the inspection: Review of the fire risk assessment and subsequent action plan established that there had been some improvement in management of same. However, a recommendation regarding the number of trained fire wardens during night and weekend shifts was again stated.</p> <p>Governance records also identified that no fire drills had been conducted between January and July 2020. Therefore this area for improvement has not been met and has been stated for a second time.</p>	Not Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 15 October 2019	<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: The home was clean and tidy. Residents' bedrooms were comfortable and personalised. Repainting and some minor redecoration had been completed. Additional work was planned although this was delayed due to the COVID pandemic. There was sufficient improvements in the overall environment that we were satisfied that this area of improvement had been met.</p>	Met

Area for improvement 2 Ref: Standard 5.3 Stated: Second time To be completed by: 9 March 2020	<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>Action taken as confirmed during the inspection: 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>	Carried forward to the next care inspection
Area for improvement 3 Ref: Standard 13.2 Stated: Second time To be completed by: with immediate affect	<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>Ref: 6.2.2</p> <p>Action taken as confirmed during the inspection: 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>	Carried forward to the next care inspection

6.2 Inspection findings

6.2.1 Infection Prevention and Control practices

Signage had been placed at the entrance which provided advice and information about Covid-19. Alcohol based hand sanitiser was available at the entrance and throughout the home.

On arrival to the home, we were asked to ensure we washed our hands and our temperature was taken; similar checks remained in place with staff and residents, in line with Covid-19 guidance for residential homes.

No issues were raised by staff regarding the supply and availability of Personal Protective Equipment (PPE). There were several PPE stations throughout the home which staff could access. It was a warm day and staff were struggling in the heat; however, they confirmed they received breaks and had time to get a drink and change PPE as required.

We discussed with management the need to ensure staff do not become complacent regarding the use of masks, and contingency planning in the event of an outbreak of Covid-19 in the home. Following the inspection, management confirmed that competency and capability assessments had been reviewed with care staff. Health and safety briefings had also been arranged with staff, and memos issued to further refresh staff knowledge and practice.

6.2.2 Care delivery

Residents were being cared for either in their own bedrooms or the lounges in the home. Residents had been supported to attend to their personal care and looked comfortable and relaxed. Residents told us they were content living in the home. Specific comments from residents included:

- “The staff are great. Some people just like complaining – not me!”
- “I’m happy here, there is good food and the staff are good to me.”

Staff were knowledgeable of the need to try and maintain social distancing where possible, while also supporting residents to maintain their friendships with other residents. Staff also ensured to spend time chatting to residents who remained in their bedrooms. We observed positive and friendly interactions between staff and residents. Staff responded promptly and in a kind and caring manner to requests from residents, or to any signs of distress and discomfort.

When we spoke with staff, they were able to outline the specific needs and preferences of residents. Staff were aware of and responsive to the changing needs of residents. Review of governance and care records confirmed that staff in the home took appropriate actions following accidents, incidents and falls. Staff maintained good communication with relevant multi-disciplinary professionals. Care records included updated risk assessment and care plans in relation to mobility and falls.

6.2.3 Consultation

No feedback was provided by residents’ relatives or representatives following the inspection. The home had received numerous thank you cards and compliments which we reviewed during the inspection. Comments included:

- “You are all ‘our heroes’”.
- “The kindness, care and compassion and friendship (of staff) is heart-warming.”
- “It’s so obvious she’s (relative) been well taken care of.”
- “Truly amazing.”
- “You all deserve a medal for your work and kindness.”

No feedback from staff was received by RQIA following the inspection. We spoke with seven members of staff during the inspection. Staff were positive about their experiences working in the home and expressed confidence that residents were well cared for. Staff told us:

- “We can be extremely busy but we work well together.”
- “It has been hard. We are all anxious. But we all pulled together. There is good teamwork.”
- “There are more positives than negatives (working here).”
- “I’m very happy (working) here. I just love the residents.”

- “I do think this is a good home; I might sound biased but it is!”

Areas of good practice

Evidence of good practice was identified in relation to staff’s knowledge of residents’ individual needs and preferences, and staff’s interactions with residents. The improvements to the home’s catering and dining arrangements are also to be commended.

Areas for improvement

No new areas for improvement were identified during the inspection.

The total number of areas for improvement includes one regulation, regarding fire safety, which has been stated for a second time. One regulation has been carried forward for review at the next medicines management inspection. Two standards have been carried forward for review at the next care inspection.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

The home was clean and tidy.

Residents presented as well cared for and told us they were content living in the home.

Care was delivered in a timely manner by cheerful and friendly staff, who presented with good knowledge of individual resident’s needs and preferences.

Overall improvements were noted in the home’s management and governance arrangements, which remain under review to ensure this is sustained. The improvements to the home’s catering and dining arrangements are to be commended.

One area for improvement regarding fire safety has been stated for a second time. Two areas for improvement, regarding information on residents’ life histories and schedule of activities, have been carried forward for review at the next care inspection.

One area for improvement regarding the continuous supply of medications has been carried forward for review at the next medicines management inspection.

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; Jennifer McNamara, deputy manager; and Linda Moore, deputy manager of Abbeylands Nursing Home, 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 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>
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: Second time To be completed by: with immediate affect	<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: 6.1</p> <p>Response by registered person detailing the actions taken: The registered person has in place a fire risk assessment and a fire management plan which will be reviewed whenever a fire risk should change. Additional Fire Warden training was completed on 14/9/20, this will increase Warden coverage in the Home.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 5.3 Stated: Second time To be completed by: 9 March 2020	<p>The registered person shall ensure information about the residents' 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>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>
Area for improvement 2 Ref: Standard 13.2 Stated: Second time To be completed by: with immediate affect	<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>Ref: 6.2.2</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried</p>

	forward to the next care inspection.
--	---

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care