

Inspection Report

29 April 2021



Abbeylands - Seapark Unit

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Mrs Natasha Southall	Registered Manager: Eleanor Dodson Date registered: 23/02/2018
Person in charge at the time of inspection: Eleanor Dodson	Number of registered places: 34 A maximum of 2 residents in category RC-MP and 1 named resident in category RC-A. The home is also approved to provide care on a day basis to 1 person.
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: 31
Brief description of the accommodation operates: This home is a registered Residential Care Home which provides health and social care for up to 34 residents. The home is divided over two floors. There is a Nursing Home which occupies the same site and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 29 April 2021 from 9.55am to 7.10pm 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.

Areas requiring improvement were identified in relation to the staff duty rota, care records, management of the home's environment and infection prevention and control, staff training and professional registration, and monthly monitoring reports.

RQIA were assured that the delivery of care and service provided in Abbeylands Seapark was compassionate. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and the management team 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 home's management team.

4.0 What people told us about the service

We spoke with 25 residents during our inspection. Residents described themselves as comfortable and content living in the home. Residents said staff are good to them. The PAL (Personal Activity Lead) was praised by several residents, who told us how much they enjoyed her company, and the activities she arranged. Please see section 5.2.4 for further information.

Staff told us there was good team work in the home. No feedback was provided by staff following the inspection.

Following the inspection, RQIA received feedback questionnaires from three relatives and seven residents. All but one respondent rated themselves very satisfied that the care in the home was safe, effective and compassionate and that the service was well led.

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 23 July 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: Second time To be completed by: with immediate affect	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 5.3 Stated: Second time To be completed by: 9 March 2020	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. One recruitment file did not include a reference from staff's most recent employment. This was brought to the manager's attention for immediate action and review.

Residents did not express any concerns regarding staffing levels. Staff were mostly satisfied with the staffing levels but stated they felt there could be more staff to offer extra one to one time with residents.

Staff said there was good team work and that they felt well supported in their role. Staff told us that the residents' needs and wishes were very important to them. Although the home was busy, staff responded to requests for assistance promptly in a caring and compassionate manner.

There was a busy atmosphere in the home throughout the inspection. The staff in charge of medication administration was frequently interrupted by both staff and residents seeking support; this created a potential risk to residents and staff. This was discussed with the management team who advised that the planned number of care staff on duty had been reduced due to short notice sick leave on the day of inspection. This was reflected in the staff duty rota reviewed during the inspection. However, the staff duty rota did not clearly record the staff working in the home at night and did not clearly delegate what staff worked on each floor of the home during each shift. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Residents told us they felt comfortable and looked after in the home, with one resident stating "I'm treated like royalty." One resident raised concerns about their physical health needs. With their consent, this was discussed with the management team who provided adequate

assurances of how these issues were being addressed, and agreed that this information would be more fully recorded in the resident's care records.

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. Staff were observed being gentle and patient if residents became distressed, and adapting their method of communication effectively.

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. Interactions between staff and residents were polite, friendly and cheerful.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, onward referral to the Trust's Specialist Falls Service, or to the resident's GP. However, post-falls observations records had not been dated and signed by staff. An area for improvement was identified.

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. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. There was choice of meals offered. Portions were generous and 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.

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.

Care records were 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.

Care plans contained specific information on each resident's care needs. Care plans regarding resident's mental health and how their behaviour may change if they were experiencing low mood, distress or confusion were insufficiently personalised. For instance, there was no detail on the specific interventions staff can use to effectively assure and comfort the resident when they are presenting with low mood or agitation. An area for improvement was identified.

Residents' individual likes and preferences were discussed with the PAL and had been recorded and stored separately in life stories and activity care plans. This was discussed with management who agreed to consider how such essential information, on what and who is important to residents, can be better integrated and reflected throughout all care plans.

It is important that care records are stored securely to protect residents' privacy and confidentiality. There were several occasions when care and supplementary records were left available and accessible to residents. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean and tidy.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Signs of wear and tear were observed on hand rails throughout the home, and one unoccupied bedroom was unfurnished. The management team advised refurbishment work was ongoing in the home.

One resident said they found their bedroom very cold and agreed RQIA could raise this with the manager, who agreed to address this immediately. Residents told us that there was no call bell available in one of the upstairs lounges which meant they had to call out for staff's attention. An area for improvement was identified.

Staff spoken with demonstrated their knowledge and understanding of their roles and responsibilities in relation to fire safety training and how to respond to any concerns or risks. However, review of training records established that several staff had not participated in a recent fire evacuation drill. An area for improvement was identified.

There was evidence that 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).

Staff were observed to carry out hand hygiene at appropriate times.

Staff were observed not using PPE in accordance with the regional guidance; face masks were not worn correctly. Staff were also observed handling laundry without wearing disposable aprons. An area for improvement was identified.

It was observed that there were times when the medication trolley was left unattended by staff with prescription fortified drinks left accessible. Cleaning supplies were also left unattended and accessible in corridors outside residents' bedrooms. Toiletries had been stored in a cupboard but the lock was broken. This created a potential risk for residents. An area for improvement was identified.

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, some residents told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other residents preferred to enjoy their meals and socialise in the lounge.

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.

A new PAL had been employed in the home. Several residents commented on how much they enjoyed her company; "she always has time for a chat." Residents also talked about enjoying

the activities that were arranged such as games of bingo, watching Dolly Parton films or having ice cream.

Residents had been consulted to plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events. The activities schedule on display included gardening; arm chair exercises, karaoke and “A Day at the Races” which residents and staff said had been a great success.

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.

Following the inspection, seven residents returned questionnaires to RQIA. One resident commented, “I am being looked after well and can confide in staff.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff were positive about management arrangements in the home, describing the manager as encouraging and supportive.

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.

Discussion with staff identified some deficits in their knowledge and understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS). Some staff confirmed they had not completed the relevant training, and review of records confirmed that DoLS were not clearly referenced within residents care records. The manager confirmed a new electronic training system had been introduced and would include DoLS training. To ensure all staff has knowledge of the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguarding Code of Practice, an area for improvement was identified.

There was evidence of auditing across various aspects of care and services provided by the home. The manager’s audit of staff’s registration with Northern Ireland Social Care Council (NISCC) was not in date therefore there was insufficient evidence to confirm that all staff were appropriately registered. An area for improvement was identified.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. Residents said that they knew who to approach if they had a complaint. Discussion with staff and the management team established that expressions of dissatisfaction from residents or their relatives were only recorded as complaints if they chose to make a formal complaint. This was discussed with the manager who agreed to review this to ensure that any areas of dissatisfaction are thoroughly addressed and learning shared with staff. This may be reviewed at a future care 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 and action plans for improvement were put in place; however there was a delay in reviewing these plans to ensure that the actions were correctly addressed. An area for improvement was identified. An additional area for improvement was identified for the home to submit a copy of these monthly reports to RQIA for a minimum of three months.

6.0 Conclusion

As a result of this inspection twelve areas for improvement were identified in respect of the staff duty rota, care records, management of the home's environment and infection prevention and control, staff training and professional registration, and monthly monitoring reports.

Details can be found in the Quality Improvement Plan included.

7.0 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 the Residential Care Homes' Minimum Standards (August 2021).

	Regulations	Standards
Total number of Areas for Improvement	5	7

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and 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 13.-(7) Stated: First time To be completed by: Immediate and ongoing	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
	Response by registered person detailing the actions taken: Supervisions have been completed with all staff to ensure best IPC practices will continue. Compliance will be monitored through the auditing process and via the Monthly Reg 29 visit.
Area for improvement 2 Ref: Regulation 14.-(2) (a) and (c) Stated: First time To be completed by: Immediate and ongoing	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 supplies and toiletries. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff have been reminded to ensure that identified items are stored correctly and not accessible by residents. Compliance will be monitored during daily walkabouts within the Home, the internal auditing system and via the Reg 29 audit.
Area for improvement 3 Ref: Regulation 20.- (c) (ii) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that staff maintains their professional registration with NISCC. Ref: 5.2.5
	Response by registered person detailing the actions taken: All current employed staff are registered with NISCC. Twice monthly reports have been implemented to ensure compliance. This will be monitored on a monthly basis during the completion of the Reg 29 audit
Area for improvement 4 Ref: Regulation 29.- (4) (c) Stated: First time To be completed by:	The registered manager shall review and address any action plans identified in the written monthly monitoring report, in a timely manner. Ref: 5.2.5
	Response by registered person detailing the actions taken:

Immediate and ongoing	A robust auditing system has been implemented to ensure Manager's oversight of the Home. All identified shortfalls are being addressed in a timely manner.
Area for improvement 5 Ref: Regulation 29.- (5)(a) Stated: First time To be completed by: 29 July 2021	<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>Response by registered person detailing the actions taken: The required reports will be sent as requested</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: Immediate and ongoing	<p>A full and accurate record is kept of staff working over a 24-hour period and the capacity in which they worked.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Duty rosters have been reviewed and all efforts will be taken to ensure that these accurately reflect staffing on each floor at all times. Staff have been instructed that rosters are only to be changed following consultation with the Manager/Deputy.</p>
Area for improvement 2 Ref: Standard 8.5 Stated: First time To be completed by: Immediate and ongoing	<p>All records, and specifically post-falls observation records, must be signed and dated by the person making the entry.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervisions have been completed with all Senior Care Assistants. Compliance will be monitored through internal audit.</p>
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 29 July 2021	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervisions regarding management of distressed reactions have been completed with all care staff. Individual Care plans will be written to include personalised strategies. Compliance will be monitored through the auditing process</p>

Area for improvement 4 Ref: Standard 22.5 Stated: First time To be completed by: Immediate and ongoing	Staff are trained to use and manage records in line with good practice and legislative requirements. Ref: 5.2.2 Response by registered person detailing the actions taken: Supervisions have been completed with all Senior Care Assistants to include care plan writing and reviewing. Compliance will be monitored through the auditing process.
Area for improvement 5 Ref: Standard 27.3 Stated: First time To be completed by: 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 Response by registered person detailing the actions taken: Supervisions have been completed with all Care staff to ensure that all equipment required is positioned to take into account the mobility of the resident. Compliance will be monitored as part of the internal auditing process
Area for improvement 6 Ref: Standard 29.6 Stated: First time To be completed by: 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 Response by registered person detailing the actions taken: A new matrix has been implemented to record all staff participation in fire evacuation drills. Drills will be increased to ensure that all staff participate at least once a year.
Area for improvement 7 Ref: Standard 23.4 Stated: First time To be completed by: 29 July 2021	The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards. Ref: 5.2.5 Response by registered person detailing the actions taken: Individual meetings with staff have been organised to ensure compliance. This this will be monitored during the completion of the Reg 29 audit.

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



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