

# Inspection Report

16 April 2024



## Abbeylands Care Home

Type of service: Nursing Home  
Address: 441 Shore Road, Whiteabbey, BT37 9SE  
Telephone number: 028 9086 4552

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Beaumont Care Homes Limited</p> <p><b>Responsible Individual:</b> Mrs Ruth Burrows</p>	<p><b>Registered Manager:</b> Mr Mauro J Magbitang Jr - acting</p>
<p><b>Person in charge at the time of inspection:</b> Diana Antwi – Registered Nurse</p>	<p><b>Number of registered places:</b> 38</p> <p>There shall be 1 named resident in Category RC-I</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 31</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 38 patients. Patient bedrooms and communal lounges are located over two floors.</p> <p>There is also a registered residential care home located within the same building and for which the manager also has operational responsibility and oversight.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 16 April 2024, from 9.15 am to 7.00 pm by a care inspector.

The inspection assessed various aspects of the running of the nursing home to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Abbeylands care home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' 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 patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

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

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

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

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

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they felt safe in the home. Patients said, "The staff are good", "The staff do their best" and "The staff are very attentive". While the other patients spoken with said they had nothing to complain about.

Relatives spoken with were complimentary about the care provided in the home. Relative comments included; "The care is brilliant" and "We have no concerns the staff are very good".

Staff spoken with said that Abbeylands care home was a good place to work and that the management team was very approachable. Discussion with the management team and staff confirmed that there were good working relationships.

There was no response received from the questionnaires or the online staff survey.

## **5.0 The inspection**

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

The last inspection to Abbeylands Care Home was undertaken on 15 May 2023 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff compliance with required training in regard to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) was observed low; an area for improvement was identified.

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

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

There was no evidence that the manager had a plan in place for staff appraisals for 2024, an area for improvement was identified.

Staff told us that the patients' 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. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the management team approachable. Staff spoke positively on staffing levels and teamwork in the home.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients were well presented in their appearance and told us that they were happy living in the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising with generous portions. There was a variety of drinks available. The patients commented positively about the food. It was observed that the staff interaction with patients when serving their meal could be more meaningful; staff were seen to just leave a plate in front of the patient with no communication as to what was being served and there was also a lack of condiments available on the dining tables. This was discussed with the management team who agreed to address this with the staff. If required, records were kept of what patients had to eat and drink daily.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified new patient's care records evidenced that some of their care plans and risk assessments had not been developed or completed in a timely manner. This was discussed with the manager and an area for improvement was identified.

Review of care records for other patients evidenced that they did not fully reflect the assessed needs of the patient and there was limited evidence that patients had been included in the development of their care plans or assessments. An area for improvement was identified.

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

Patients who were less able to mobilise require special attention to their skin care and were assisted by staff to change their position. A review of repositioning records evidenced that patients were repositioned frequently.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced that wound care was managed in keeping with best practice guidance.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

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

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items. It was observed a number of bedrooms did not have a patients' name on the door. This was discussed with the management team to address.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

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

### **5.2.4 Quality of Life for Patients**

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, emotional and psychological wellbeing. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions.

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

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

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

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

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

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, 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 patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	5

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b) Schedule 2 (5)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection 16 April 2024.	The registered person shall ensure that the NISCC audit is kept up to date, includes all relevant staff and accurately reflects their registration status.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> The NISCC log has been updated to reflect all the required details. This log will be reviewed at least monthly by the Manager and updated where required. Compliance will be monitored as part of the Regulation 29 visit.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection 16 April 2024.	The registered person shall ensure the following in regard to fire safety arrangements: <ul style="list-style-type: none"> <li>• The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to the recommended actions required.</li> </ul> Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> The Fire risk assessment action plan has been reviewed and actions taken signed off by the Home Manager. This will be monitored and maintained annually or as changes are required. Compliance will be reviewed as part of the Regulation 29 visit.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> 16 May 2024	The registered person shall ensure that all relevant staff complete training in relation to Deprivation of Liberty Safeguards and that such training is embedded into practice.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> The Deprivation of Liberty training is now at 100% compliance and will be kept under review. This knowledge will be tested by the Home Manager as part of flash meetings and supervisions.



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 June 2024</p>	<p>The registered person shall ensure that a schedule is in place to plan and record staff appraisals.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> An appraisal planner is in place and appraisals have commenced. Compliance will be reviewed as part of the Regulation 29 visit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection 16 April 2024.</p>	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A care plan audit will be completed within 5 days of admission and an action plan created to address any actions required. This will be monitored by the Home Manager and reviewed as part of the Regulation 29 Visit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection 16 April 2024.</p>	<p>The registered person shall ensure that care plans accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly Care plan audits are being completed to ensure that they accurately reflect the current needs of the resident. Following completion of the audit an action plan is put in place to address any actions required. Compliance will be monitored as part of the Regulation 29 Visit.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is evidence of patient involvement in the care planning process where appropriate.</p> <p>Ref: 5.2.2</p>

<p><b>To be completed by:</b> From the date of the inspection 16 April 2024.</p>	<p><b>Response by registered person detailing the actions taken:</b> A resident care plan agreement form has been put in place for all residents to evidence the involvement of the resident in the care planning process. The Home Manager will audit this as part of the care plan audit process and compliance will be monitored as part of the Regulation 29 Visit.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal***



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