The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Abbeylands Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **22 May 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Mr Leslie Stephens
Service Profile – 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. There is also a registered residential care 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 22 May 2025 from 9.25 am to 7.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff were knowledgeable and trained to deliver compassionate care. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The inspection identified concerns in regard to the maintenance, décor and cleanliness of the home; the management of risks to patients, care records, the governance arrangements and managerial oversight. Details were shared with the management team during the inspection and discussed again at a more detailed feedback meeting with the registered manager and registered person on 4 June 2025. The management team discussed the actions that had been taken since the inspection and the further planned actions. RQIA were assured with the evidence provided following the inspection; that the appropriate action had been taken with regards to the concerns identified.

An Inspection Support Volunteer (ISV) was present during this inspection and their comments are included within the report. An ISV is a member of the public who will bring their own experience to our inspections and help us to assess what it is like to live in the home.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again or carried forward and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care from staff, they said they felt well looked after by the staff who were helpful and friendly.

Patients' comments included: "The young people here are brilliant", "The staff are good", "The staff are smiley and jolly", "They do their best", "Here's not too bad", "The garden is lovely and on a good day I can sit outside" and "I am quite happy here".

Relatives commented positively about the provision of care within the home. Comments included: "My relative is always well presented and the staff keep us updated". Some individual comments regarding the food was shared with the management team to action.

Staff spoken with said that Abbeylands Care Home was a good place to work and said the teamwork was very good. Staff commented positively about the management team and described them as supportive and approachable. Some individual comments were shared with the management team to address.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

There were systems in place to ensure staff were trained and supported to do their job.

Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC). However, audit records reviewed evidenced that the NISCC audit did not accurately reflect all the staff working in the nursing home. An area for improvement was stated for a second time.

Any nurse in charge of the home should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. Review of records confirmed that not all the staff who had been identified as being in charge of the home had assessments in place. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt supported in their role. Some staff did comment that they felt the mornings were very busy and an additional member of staff would help. This was shared with the deputy manager.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

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

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Oral health was assessed on the patients' admission to the home and plans of care were in place to direct staff in how to meet this need. However, a number of tooth brushes throughout the home were observed dry. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or their GP.

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 may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for patients to socialise. Patients were seen to be enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Most of the patients told us the food was good but did confirm they had a choice of meal at lunch and dinner time.

The importance of engaging with patients was well understood by management team and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patients were well informed of the activities planned. The monthly programme of social events was displayed on the noticeboard.

It was observed that two new patients may not be appropriately placed in the home following discharge from hospital; the care these patients require is not in keeping with the current home's registration or statement of purpose. This was discussed with the management team who acknowledged this and advised they are actively working with the patient's key workers to address concerns. This will be followed up with the home manager.

3.3.3 Management of Care Records

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. An area for improvement was stated for a second time.

A sample of patient care records were reviewed and evidenced a number of deficits. For example, the care records did not accurately reflect the patients' assessed care needs and dates were entered incorrectly. An area for improvement was stated for a second time. In

addition to this; care records had not been reviewed when patients had returned to the home following a hospital admission. An area for improvement was identified.

Some improvements had been made in regard to evidencing that patients had been included in the development of their care plans or assessments but this was not consistent in the records reviewed. An area for improvement was stated for a second time.

Deficits were identified in regards to patient confidentiality, patient care records were observed unattended in a communal lounge. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Review of the home's environment identified a number of environmental issues. The overall environment was tired and worn, with several areas in need of repair or redecoration. An area for improvement was identified.

A number of areas throughout the home were also seen in need of a better clean. Discussion with staff and review of duty rotas evidenced that there was a deficit of domestic staff. This was discussed with the management team who advised that recruitment was ongoing for domestic staff; it was discussed that the lack in domestic staff long term has the potential to impact on the overall cleanliness of the home. This was acknowledged by the management team.

In addition, a number of pieces of equipment evidenced that they had not been effectively cleaned such as; manual handling equipment, raised toilet seats, shower seats and fall out mats. An area for improvement was identified.

A few bed rail protectors were also observed cracked and in need of replacement. An area for improvement was identified.

An identified bedroom was being used as a storage area, this is not in keeping with the homes current registration or statement of purpose. This was discussed with the management team who agreed to review the use of the room. An area for improvement was identified.

Concerns were identified in regard to the management of risks to patients; shortfalls were identified in regard to the safe storage of denture cleaning tablets, cupboards unlocked with access to hot pipework and chemicals. The domestic cleaning trolley was also observed unattended at different times during the inspection. These matters were discussed with the management team to address. Areas for improvement was identified.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. However, a fire door was observed propped open to aid the drying of the floor following cleaning. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Leslie Stephens has been the manager in this home since April 2024.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed audits to quality assure care delivery and service provision within the home. However, concerns were identified in the quality of some audits and gaps were observed in the regular auditing of a number areas; furthermore, there was little evidence that some of the inspection findings had been picked up during the manager's audit process. An area for improvement was identified.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	8*	9*

*the total number of areas for improvement includes one regulation and three standards that have been stated for a second time. Two further areas for improvement are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Alicia Phillip, Deputy Manager and Louisa Semple, Operations Manager, 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 Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** Second time **To be completed by:** Immediate action required (20 August 2024)	The registered person shall ensure that safe systems are in place for the management of insulin. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 21 (1) (b) Schedule 2 (5) **Stated:** Second time **To be completed by:** 22 May 2025	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: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: All staff on the day of the inspection were registered with NISCC. Staff who may be allocated to work in both Abbeylands and Seapark are now on a combined NISCC log. Monthly NISCC checks are completed by the Manager and staff remined of the next fee date as this arises. The log is is checked as part of the Regulation 29 visit carried out by the Operations Manager.
Area for improvement 3 **Ref:** Regulation 16 (2) (b) **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure risk assessments and care plans are reviewed and updated following patient's admission to hospital. Ref: 3.3.3
	Response by registered person detailing the actions taken: The importance of ensuring that risk assessments and care plans are reviewed and updated following a residents return from hospital was discussed at the staff meeting on 9th June 2025. A resident readmission governance audit will be completed by the Home Manager following discharge from Hospital, and an action plan will be created to address, if deficits are identified. This will be monitored through the completion of the Regulation 29 visit.

Area for improvement 4 **Ref:** Regulation 27 (2) (b) **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure that an environmental time bound refurbishment action plan is in place; this action plan should be available for inspection and evidence meaningful oversight by the manager. Ref: 3.3.4
	Response by registered person detailing the actions taken: A timebound environmental action plan has been submitted to RQIA, this will be overseen and reviewed by the Home Manager. This includes additional resources required from the Regional Painter. The plan will be reviewed by the Operations Manager for progress and compliance.
Area for improvement 5 **Ref:** Regulation 3 (1) (b) **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall review the use of the identified bedroom and if required submit a variation to RQIA to change its registered purpose. Ref: 3.3.4
	Response by registered person detailing the actions taken: The identified bedroom has been reviewed and cleared to allow it to be utilised as a bedroom under the current registration numbers.
Area for improvement 6 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff have been advised through staff meetings and ongoing supervision that domestic trolleys are not to be left unattended. All doors that have access to hot cylinders or chemicals are now locked. Steradent is now locked in the treatment room and provided to residents who require this. This will be monitored as part of the walkaround and as part of the Regulation 29 visit.
Area for improvement 7 **Ref:** Regulation 27 (4) (c) (d) (i)	The registered person shall ensure fire doors are not propped open. Ref: 3.3.4

Stated: First time **To be completed by:** 22 May 2025	**Response by registered person detailing the actions taken:** All staff have been advised at the staff meeting on 9th June 2025, that fire doors should not be propped open due to a significant breach of fire safety procedures. This will be monitored as part of the walkaround and as part of the Regulation 29 visit.
Area for improvement 8 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 31 May 2025	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. Ref: 3.3.5
	Response by registered person detailing the actions taken: There is a system of governance audits in place, alongside a monthly planner. Additional training and support have been provided to the Home in relation to, action planning and appropriate timebound review. This will be monitored as part of the Regulation 29 visits.
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** From the date of inspection (20 August 2024)	The registered person shall ensure the management of medicines prescribed for distressed reactions is reviewed to ensure the reason and outcome of each administration is recorded. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 4.1 **Stated:** Second time **To be completed by:** 22 May 2025	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. Ref: 2.0 and 3.3.3

	Response by registered person detailing the actions taken: During the Registered Nurses meeting on 9th June 2025, it was discussed that the Registered Nurses are to ensure that an initial plan of care based on the pre-nursing assessment is to be written within 24hrs of admission. All new admissions to the Home will have an admission governance audit completed within 5 days post admission. This will then be followed up with a full care plan audit that where required, will generate a time bound action plan. Actions will be reviewed by the Home Manager and as part of the Regulation 29 visit.
Area for Improvement 3 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 22 May 2025	The registered person shall ensure that care plans accurately reflect the assessed needs of the patient. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: There is a care plan auditing and rewriting process in place to ensure all care plans accurately reflect the assessed needs of the residents. Action plans are generated, addressed and reviewed to ensure the care plans reflect the care needs and care delivery. Progress will be monitored via monthly care plan audits and as part of the Regulation 29 visit.
Area for improvement 4 **Ref:** Standard 4.5 **Stated:** Second time **To be completed by:** 22 May 2025	The registered person shall ensure that there is evidence of patient involvement in the care planning process where appropriate. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: An audit on the completion of the care plan agreement form has taken place for each resident. All residents now have a care plan agreement form in place which reflects their involvement and where necessary, the Next of Kins involvement if they are deemed to lack capacity. All new admissions will be checked via the care plan auditing process and monitored during the Regulation 29 visit.
Area for improvement 5 **Ref:** Standard 41.7 **Stated:** First time **To be completed by:**	The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the manager are in place, kept up to date and regularly reviewed. Ref: 3.3.1

22 May 2025	**Response by registered person detailing the actions taken:** All Registered Nurse in charge of the Home competencies are up to date. A Matrix is maintained and will be reviewed at least monthly by the Home Manager to ensure all competencies are in date. Compliance will be monitored through the completion of the Regulation 29 visit.
Area for improvement 6 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure patients receive oral care and this reflected in their care records. Ref: 3.3.3
	Response by registered person detailing the actions taken: The completion of oral care has been discussed with staff during the staff meeting that took place on the 9th June 2025 and also during flash meetings. This is monitored on the daily walkaround and as part of the spot check of supplementary records. Compliance will be monitored through the completion of the Regulation 29 visit.
Area for improvement 7 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure that any record in the home which details patient information is securely stored in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: The safe storage of supplementary charts was discussed at the recent staff meeting. There is a cabinet provided for the storage of these records in the lounge and all staff have been reminded to return charts after recording has been completed. Compliance will be monitored as part of the walkaround audit and during the Regulation 29 visit.
Area for improvement 8 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the cleanliness of patient equipment. Ref: 3.3.4

	Response by registered person detailing the actions taken: The items identified on the day of inspection were cleaned immediately. Decontaminations records are in place for resident equipment and these records will be spot checked alongside the visible cleanliness of equipment as part of the walkaround audit. Compliance will be monitored through the completion of the Regulation 29 visit.
Area for improvement 9 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 22 May 2025	The registered person shall ensure that the integrity of bed rail protectors is kept intact; so that they can be effectively cleaned in accordance with infection prevention and control measures. Ref: 3.3.4
	Response by registered person detailing the actions taken: All bedrail bumpers have been reviewed and replaced where necessary. Staff have been reminded to ensure that any damage is reported to allow for replacement. The monitoring of bedrail protectors will be included in the walkabout audit and on the monthly bedrail audit. Compliance will also be monitored through the completion of the Regulation 29 visit.

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