

# Inspection Report

14 October 2022



## Abbeylands

**Type of service: Nursing Home**  
**Address: 441 Shore Road, Whiteabbey, Belfast 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 Carol Cousins</p>	<p><b>Registered Manager:</b> Mrs Roxana Mitrea</p> <p><b>Date registered:</b> 10 May 2022</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Roxana Mitrea – Registered Manager</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> 29</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. Bedrooms and communal lounges are located over two floors in which patients receive general nursing care.</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 14 October 2022 from 9.45am to 4.00pm by a care inspector. The inspection sought 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. Areas for improvement identified at previous care inspections were met, with the exception of one which was not met; this was stated for a second time.

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. Some patients commented negatively about activity provision and the quality of the meals provided. This was discussed with the manager who agreed to follow up with patients directly.

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 was provided in a compassionate manner by staff that knew and understood the needs of the patients.

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 patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Abbeylands. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the 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 would have no issues in raising any concerns with staff. One patient told us, "I am happy here, the girls are good" while another patient said, "I am very happy here."

Relatives were complimentary of the care provided in the home and spoke positively about communication with the home. Comments received from one relative in relation to activity provision were discussed with the manager for follow up.

Staff spoken with said that Abbeylands was a good place to work.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

## 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 27 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Third and final time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• decluttering of storage cupboards</li> <li>• reusing single use syringes.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and observation of practice evidenced that sufficient improvement had been made to meet this area for improvement. Minor shortfalls in staff practice were discussed with the manager who agreed to continue monitoring infection prevention and control practice through their audits processes.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that care plans clearly evidence they are developed in consultation with the patient or patient's representative.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that sufficient improvement had been made to meet this area for improvement. Minor shortfalls in record keeping were discussed with the manager who agreed to continue monitoring completion of care records through their audits processes.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair brakes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of staff practice evidenced this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff compliance in hand hygiene and the use of personal protective equipment (PPE) is monitored to ensure the necessary improvements are sustained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Examination of hand hygiene and PPE audits evidenced this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall review the current dining experience in the home and ensure that those patients who require a modified diet have at least two options at meal times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that records are maintained to evidence the choice of meal offered to patients, that choices are varied, recorded accurately and retained in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of meal choice records evidenced this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard E20 <b>Stated:</b> First time	The registered person shall ensure that patient's bedrooms are compliant with this standard unless the patient states otherwise.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the homes environment evidenced this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 11 <b>Stated:</b> First time	The registered person shall ensure activities are planned and provided to provide structure to the patient's day.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. This is discussed further in Section 5.2.4.  This area for improvement is not met and is stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure that staff were trained and supported to do their job, although one staff member said they did not have recent infection prevention and control (IPC) training. This was discussed with the manager who agreed to arrange appropriate training.

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. The manager confirmed that all of the staff who take charge of the home in their absence had completed a competency and capability assessment to be able to do so.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

### 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. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that 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.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed. Minor deficits in record keeping were discussed with the manager for follow up with staff as required.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was managed in keeping with best practice guidance.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.



Review of the management of falls evidenced appropriate actions were not consistently taken by staff following falls in keeping with best practice guidance. This was discussed with the manager who agreed to meet with registered nursing staff to discuss the shortfalls and monitor falls management through audit systems. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. A new catering manager had been appointed since the last care inspection and improvements in the dining experience were noted.

Varied comments were received from patients regarding the quality of the meals provided in the home. Some patients said they really enjoyed the food in the home while others commented negatively. Patients said that they were not routinely asked to comment on the menu provided or the quality of meals. This was discussed with the manager who agreed to receive feedback from patients regarding the quality of the meals and follow up with the catering manager. This will be monitored through their audit systems. An area for improvement was identified.

It was noted that the menu was not displayed and discussion with staff confirmed changes to the planned menu were not recorded. This was discussed with the manager who advised a new menu board had been ordered and that interim arrangements would be put in place immediately to display the planned menu. The manager also agreed to meet with the catering manager to ensure a system of recording changes to the planned menu is in place. This will be reviewed at a future care inspection.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that assessments and associated care plans had not been developed within a timely manner to accurately reflect their assessed needs. In addition, some of the patients care records related to a separate registered service. This was discussed with the manager who agreed to address this with registered nursing staff and monitor compliance through an admission tracker. Areas for improvement were identified.

Patients' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each patient's care needs.

Daily records were kept of the care and support provided by staff although these records did not always comment on how each patient spent their day. It was pleasing to note that this had been identified by the manager through their audit systems and they were addressing this shortfall with the staff concerned through coaching and supervision.



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

Examination of the home's environment evidenced the home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

A number of carpets throughout the home were observed to be stained and were required to be cleaned or replaced. This was discussed with the manager who confirmed that a request to have these replaced had been submitted. Discussions with senior management following the inspection confirmed that the home's estate would be reviewed in the coming weeks and a rolling refurbishment plan would be developed. The regional manager committed to sharing this with RQIA on completion.

Multiple oxygen cylinders were observed to have been unsafely stored within an upstairs nursing office. This was discussed with the manager who took immediate action to safely store the oxygen and agreed to have the home's fire risk assessment reviewed. An area for improvement was identified.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. There was an adequate supply of PPE and hand sanitisers were always readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of deficits in individual staff practice were discussed with the manager who agreed to address this through supervision.

### 5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients told us they liked the privacy of their bedroom, but would enjoy going to the dining room for meals.

Patients were observed enjoying listening to music, reading and watching TV, while others enjoyed a visit from relatives. Patients told us there was a lack of activity provision in the home. One patient said, "We don't do any activities here," while another patient said, "We don't really do any activities, there is no bingo or games." One relative spoke of how more activities were delivered in the adjoining residential care home in comparison to the nursing home and that the residential home felt more "homely".

Review of the staff duty rota evidenced that no staff had been allocated as an activity champion in the absence of the activity co-ordinator. Examination of records evidenced a lack of individual activity assessments with associated care plans.

Discussion with the manager confirmed recruitment for a new activity co-ordinator was ongoing and assurances were given that they would review the provision of activities in the absence of the activity co-ordinator. An area for improvement made previously in this regard was stated for a second time.

### 5.2.5 Management and Governance Arrangements

Staff members 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 patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Roxana Mitrea has been the manager since 10 May 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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. 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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	3*

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Roxana Mitrea, registered 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 Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (14 October 2022)</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Supervisions have been completed with all trained staff regarding post fall protocols. This will be spot checked by the HM and/or Senior Nurse to ensure compliance and will also be reviewed as part of the Regulation 29 visit by Operations Manager</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (14 October 2022)</p>	<p>The registered person shall not provide accommodation to a patient at the nursing home unless the needs of the patient have been assessed by a suitably qualified or suitably trained person.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A Pre Admission Assessment will be completed for all admissions, including transfers from Seapark Residential Unit, to evidence the needs of residents are assessed prior to admission, this will be completed by Home Manager or Deputy Manager. Compliance will be spot checked as part of the Regulation 29 visit by Operations Manager</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (14 October 2022)</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Assessments guides for new admissions have been issued to all trained staff to ensure the needs of the patients are assessed in a timely manner. Compliance will be spot checked using an admission audit tool by the Home Manager, Deputy Manager or Senior Nurse and as part of the Regulation 29 visit by Operations Manager</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required (14 October 2022)	The registered person shall ensure activities are planned and provided to provide structure to the patient's day.  Ref: 5.1 and 5.2.4
	<b>Response by registered person detailing the actions taken:</b> Recruitment is ongoing for an activities person to lead on activities within the unit. Until an activities person is employed it is now clearly allocated on the roster the staff member responsible for carrying out activities for 5 days each week, this is an interim measure. Trained staff will oversee the activity programme. The recruitment process will be monitored through the Regulation 29 Report.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 November 2022	The registered person shall ensure there is an opportunity for patient input to the provision of appropriate food and meal choices. Opportunities to provide feedback on issues such as the quality and quantity of meals should be available.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Catering Manager is currently involved in developing the new winter menus which are tailored based on the patients preferences. The Catering Manager will be continuing to meet with patients to obtain their feedback. The Menu Choice Sheet has been amended to reflect each residents choice of portion size.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (14 October 2022)	The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Outdoor secured cage has been approved to store oxygen cylinders safely, awaiting delivery.

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



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