The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Abbeylands Care Home**

Provider: **Beaumont Care Homes Limited**

Date of Inspection: **17 December 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:	Mrs Alicia Julien Philip – not registered
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 17 December 2025, from 9.00 am to 5.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 May 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of the home environment and patient care records.

As a result of this inspection ten areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

3.3 Inspection findings

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 told us; "The staff are very good".

Staff spoken with said that Abbeylands Care Home was a good place to work and said the teamwork was good. Staff commented positively about their roles, duties and the training provided. The staff also told us about how much they enjoy looking after the patients. The staff described the new manager as supportive and approachable. One staff member completed the online survey and a very satisfied response was made to each of the domains regarding care delivery and the home management.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

A relative commented positively about the provision of care within the home.

We did not receive any questionnaire responses from patients or their visitors.

3.3.1 Staffing Arrangements

Patients said that there was enough staff on duty to help them.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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).

There was evidence that the manager had a schedule in place to plan staff yearly appraisals; however, review of this document did not evidence that staff were receiving their yearly appraisals, only four dates were entered into the schedule. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

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.

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.

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; the atmosphere was calm, relaxed and unhurried. The daily menu was displayed. Meals were appropriately covered on transfer to patients' preferred dining area. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us they enjoyed their meal.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. Patients' needs were met through a range of individual and group activities. The programme of social events was displayed. The range of activities included social, community, cultural, religious, spiritual and creative events. The home was nicely decorated for Christmas and Christmas themed activities were planned.

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 had not been developed or completed in a timely manner. An area for improvement was stated for a third time.

It was positive to note that care records for patients who had spent a period of time in hospital had been reviewed and updated as necessary on their return to Abbeylands Care Home. However, review of another patient's care records disappointingly did not contain all the necessary care plans to meet the patient's current assessed care needs. An area for improvement was stated for a third time.

On a number of occasions throughout the inspection the nurses office on the ground and first floor were observed open, these offices contained confidential patient information. This was discussed with the manager each time to address with the staff. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and decorated attractively for Christmas. It was evident that the home had some work done to the environment since the last inspection; however, some areas still required addressing. The manager advised of the ongoing refurbishment and redecoration for the other areas identified within the home. However, as discussed during the previous inspection there was no evidence that these redecoration or planned works were captured in a time bound refurbishment plan. An area for improvement was stated for a second time.

A number of pieces of equipment evidenced that they had not been effectively cleaned such as raised toilet seats and shower seats. An area for improvement was stated for a second time.

The treatment room was observed open with access to a number of unlocked cupboards containing prescription medicines. This was immediately brought to management's attention. An area for improvement was identified.

The afternoon tea trolley was also observed unattended with all the afternoons hot drink flasks, snacks and a container of thickening agent. This is a potential risks to patients who may be mobilising around the home or be at risk of choking or ingesting these items. 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. Ms Alicia Julien Philip has been the manager in this home since 26 June 2025. Staff commented positively about the manager and described her as supportive and approachable.

Improvement was noted in the timing and quality of the manager's governance audit processes, there was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	4*	6*

*the total number of areas for improvement includes two areas for improvement stated for a third time, three areas stated for a second time and a further two carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Alicia Julien Philip, 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 27 (2) (b) **Stated:** Second time **To be completed by:** 31 December 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: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: All areas of the Home have been reviewed and a time bound environmental refurbishment plan has been developed. The plan is available for inspection and will be monitored and updated by Home Manager when actions have been completed. Oversight of this action plan will also be monitored by the Operations Manager when in the Home to ensure that progress is being moved forward in the timeframe expected.

Area for improvement 3 **Ref:** Regulation 13 (4) (a) **Stated:** First time **To be completed by:** 17 December 2025	The Registered Person shall ensure that the treatment room is locked and secure when not in use Ref: 3.3.4
	Response by registered person detailing the actions taken: The Inspection Report has been shared with all staff to ensure they are fully aware of the identified actions required to ensure compliance. Additional checks have been added to the 24-Hour Shift Report for the registered nurses to check and confirm that the treatment room door is secure when not in use. Spot checks will be carried out by Home Manager/Clinical Lead during Walkabout Governance Audits and by Operations Manager during Reg 29 visits to ensure compliance.
Area for improvement 4 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** 17 December 2025	The Registered Person shall ensure that the hot drink and snack trolley is not left unattended. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Inspection Report has been shared with all staff to ensure they are fully aware of the identified actions required to ensure compliance. Additional checks have been added to the 24-Hour Shift Report for the registered nurses check and ensure the snack trolleys are not left unattended throughout their shift. Spot checks will be carried out by Home Manager/Clinical Lead during Walkabout Governance Audits and by Operations Manager during Reg 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:** Third time **To be completed by:** 17 December 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: The Inspection Report has been shared with all registered nurses to ensure they are aware of identified actions required to ensure compliance. Admission Governance Audits are being completed by Home Manager/Clinical Lead after each admission to ensure all risk assessments and care plans are in place within 5 days of admission. Trained staff have been reminded to ensure they record if a care plan has been rewritten and dated. Additional spot checks will be carried out by Operations Manager during Reg 29 visits.
Area for Improvement 3 **Ref:** Standard 4 **Stated:** Third time **To be completed by:** 17 December 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: The Inspection Report has been shared with all registered nurses to ensure they are aware of identified actions required to ensure compliance. Return From Hospital Governance Audits are being completed by Home Manager/Clinical Lead after each resident's re-admission from hospital to ensure all risk assessments and care plans have been reviewed and are reflective of any changes in the resident's care needs. Spot checks will be carried out by Operations Manager during Reg 29 visits.
Area for improvement 4 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 17 December 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: 2.0 and 3.3.3

	Response by registered person detailing the actions taken: The Inspection Report has been shared with all staff to ensure they are aware of identified actions required to ensure compliance. Additional checks have been added to the 24-Hour Shift Report for the registered nurses to confirm and record that office doors are secure when not in use. Spot checks will be carried out by Home Manager/Clinical Lead during Walkabout Governance Audits and by Operations Manager during Reg 29 visits to ensure compliance.
Area for improvement 5 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 17 December 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 Inspection Report has been shared with all staff to ensure they are aware of the identified actions required to ensure compliance. Additional checks have been added to the 24-Hour Shift Report for the registered nurses to check daily a sample of shower chairs and raised toilet seats to ensure cleanliness is maintained. Additional spot checks will be carried out by Home Manager/Clinical Lead during Walkabout Governance Audits and by Operations Manager during Reg 29 visits.
Area for improvement 6 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 31 March 2026	The Registered Person shall ensure that all staff have recorded annual appraisal meetings. Ref: 3.3.1
	Response by registered person detailing the actions taken: The 2026 appraisal matrix has been developed to ensure all appraisals have been planned and all staff receive an annual appraisal. Progress will be reviewed by Operations Manager during Reg 29 visits.

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

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