The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Abbeylands Care Home – Seapark Unit

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/Registered Provider:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Alicia Julien Philip, not registered

Service Profile –
This home is a registered residential care home, which provides health and social care for up to 37 residents. The home is divided over two floors, with communal lounges, bathrooms and dining rooms on each floor.

The home provides care for residents requiring general residential care and residents living with mental health disorders excluding learning disability or dementia.

There is also a registered nursing home located within the same building and for which the manager has operational responsibility and oversight.

2.0 Inspection summary

An unannounced inspection took place on 17 December 2025, between 9.00 am and 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection, nine 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 residents, 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

Residents described staff as "Very nice" and "Great". Residents spoken with said that they were happy living in Abbeylands – Seapark Unit. Comments included, "I love it here," "You just have to ask and you get it, they do their best for you," and "It's all lovely." Some comments from residents regarding the quality of meal provision in the home was shared with the manager for review and action if required.

Residents told us that staff offered them choices throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear and food and drink options, and where and how they wished to spend their time.

Staff said that they enjoyed working in the home, staff said, "The manager is great, you can go to her," and "Everything is going well, I have no issues."

No additional feedback was received from residents, relatives or staff following the inspection.

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 residents. There was evidence of robust systems in place to manage staffing.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC).

A review of records evidenced that some staff had not received individual, formal supervision within the required timeframe. An area for improvement is stated for a second time.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skill mix 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company in the lounge, residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper in their bedrooms. There was a homely atmosphere.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. Although the meal served appeared appetising, a number of residents commented negatively about the quality of food served in the home. This was discussed with the manager for review and action if required.

The menu for the day was not on display and residents appeared to unaware of the menu choices. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed and analysed monthly for patterns and trends to identify if any further falls could be prevented.
A review of accident records confirmed that the appropriate actions had been taken following a fall in the home and the correct persons notified of the accident.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

It was noted that some records ready for archiving were stored in the home's unlocked 'activity room' and not held confidentially, in addition to this, the office on the first floor was found to be open with easy access to residents confidential information; this was discussed with the manager for immediate action. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Residents' Environment

Observation of the home's environment evidenced that the home was clean and tidy. Residents' bedrooms were personalised with photographs and other items or memorabilia.

It was positive that a refurbishment plan was in place and there was evidence of redecoration throughout the home.

Corridors were clean and free from clutter and fire exits were unobstructed. Scissors were found on top of a cabinet in one of the lounges and food and drink items were found in a cupboard underneath the television. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks.

There was some evidence that systems and processes were in place to manage infection prevention and control, which included policies and procedures and regular monitoring of the environment, however audits to manage staff practice to ensure compliance with regards to hand hygiene were limited. There was evidence that the manager was aware of this and was addressing it.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs 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, approachable and able to provide guidance.

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Audits were completed to quality assure care delivery and service provision within the home. However, based on a review of a sample of audits and discussion with the manager it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to the mealtime experience and hand hygiene. An area for improvement was identified.

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	2*	5*

* the total number of areas for improvement includes one standard and one regulation that have been stated for a second time and two standards which are carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 2 **Ref:** Regulation 19 (1) (b) **Stated:** Second Time **To be completed by:** 17 December 2025	The registered person shall ensure that confidential information relating to residents is safely secured. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The Inspection Report has been shared with all staff to ensure they are informed of the identified actions required. All archived records have been removed from insecure areas and placed in a secure location. Additional checks have been added to the 24-Hour Shift Report for staff to check daily that office doors are secure when not in use. Additional spot checks will be carried out by Home Manager/Team Leader during Walkabout Governance Audits and by Operations Manager during Reg 29 visits.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 17 December 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety 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 informed of the identified actions required. All cupboards accessible to residents have been checked for any inappropriate items that may be hazardous to them. Additional checks have been added to the 24-Hour Shift Report for staff to check these areas daily to ensure there are no potential hazards to residents. Additional spot checks will be carried out by Home Manager/Team Leader during Walkabout Governance Audits and by Operations Manager during Reg 29 visits.
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 **Ref:** Standard 24.2 **Stated:** Second time **To be completed by:** 31 December	The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: The supervision matrix for 2026 has been developed to ensure that all staff receive formal supervision twice yearly as minimum. Progression of supervisions will be monitored by Home Manager monthly and by Operations Manager during Reg 29 visits.

Area for improvement 2 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 17 December 2025	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents know what is available at each mealtime. Ref: 3.3.2
	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 that are required with regards to the displaying of Menus. An additional section of governance oversight has been added to the 24-Hour shift report for staff to review to ensure menus are displayed in each dining room which are reflective of meal choices for each main meal daily. Additional spot checks will be carried out by Home Manager/Team Leader during Walkabout Governance Audits and by Operations Manager during Reg 29 visits.
Area for improvement 3 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 31 December 2025	The registered person shall ensure that working practices are systematically audited and are robust in order to maintain and promote the quality of services provided in the home. Ref:3.3.5
	Response by registered person detailing the actions taken: The completion of Home audits has been discussed with the Home Manager and the Team Leader to ensure that going forward there is evidence that these are completed in full, that they identify any shortfalls, that action plans are created accordingly and that the actions are followed up to ensure they are fully addressed and signed off. The completion of audits will be reviewed by Home Manager and Operations Manager on an ongoing basis.
Area for improvement 4 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall ensure personal medication records are accurate and up to date. 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 5 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 10 June 2025	The registered person shall review the procedures for managing medicines at the time of admission and ensure written confirmation of the resident's current prescribed medicines is obtained from the prescriber. 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.

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

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