

Inspection Report

Name of Service:	Abbeylands Care Home – Seapark Unit
Provider:	Beaumont Care Homes Limited
Date of Inspection:	16 June 2026

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 Phillip
Service Profile – This home is a registered residential care home which provides health and social care for up to 37 residents living with mental health issues or who require general nursing care. There is a range of individual bedrooms and access to communal lounges, dining rooms and bathrooms. There is a separate registered nursing home, which occupies the same building, and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 16 June 2026, between 9.25 am and 3.20 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 17 December 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection four 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 spoken with said they were happy with the care provided by staff, there were enough staff around and while some told us, the food was good, a number also said they did not like the food. This was brought to the manager's attention during feedback and is discussed further in section 3.3.2.

Staff were complimentary about the care provided in the home, said there was good team work and they were supported by senior staff. Staff were mainly satisfied with staffing levels but said that domestic duties required more staff cover. This was brought to the manager attention for her review.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could spent time in communal lounges or their own bedrooms or take part in the planned activities.

Residents told us that they were encouraged to participate in regular residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home.

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. Review of the mandatory training records identified that compliance required improvement for areas such as, basic life support and manual handling training. An area for improvement was identified.

Review of the record of staff supervision identified that regular one to one supervision had not been completed for all staff. This area for improvement has been stated for a third time.

Examination of the staff appraisal matrix identified that staff had not all received an appraisal for their roles in a timely manner. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work, that they felt well supported in their role and that they were generally satisfied with the staffing levels. It was noted that only one staff member was completing the domestic cleaning on the day of inspection for the whole home. This was discussed with the manager for her review and will be followed-up at a future inspection.

Review of the system to manage the registration of care staff evidenced that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

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

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

At times some residents 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 residents and to manage this aspect of care.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position.

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, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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, music was playing, and the atmosphere was calm, relaxed and unhurried. While the meal served appeared nutritious, a number of residents said that the food was bland and choice of meals could be improved. An area for improvement was identified.

The weekly programme of social events was displayed on the noticeboard. Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or hand massage and one to one time.

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.

Residents care records were held confidentially.

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.

3.3.4 Quality and Management of Residents' Environment

The home was tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

It was observed that rooms in the home were used for activities they were not registered for; for example, staff using a residents' dining room for breaks and an activities room used for storage of equipment. An area for improvement was identified.

The outside area of the home required to be de-cluttered and tidied. This was discussed with the manager and will be reviewed at a future inspection.

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, a fire risk assessment had been completed and was up to date.

Staff were observed to be washing their hands correctly and at appropriate times, however, not all staff were adhering to best practice of being bare below the elbow and signs on walls required laminated to allow cleaning. This was discussed with the manager and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Alicia Julien Phillip has been the acting manager in this home since 26 June 2025 and is coming forward to be the registered manager for the home.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

A record was kept of meeting held with residents including the agenda, however an action plan was not evident. This was discussed with the manager for her action and will be reviewed at a future inspection.

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	0	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Alicia Julien Phillip, 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 Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 24.2 Stated: Second time To be completed by: 31 July 2026	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: There is a supervision matrix in place for 2026, with supervisions planned for the remainder of the year. Supervisions will be completed by Home Manager and Team Lead. The matrix will be updated as supervisions are held. Spot checks will be completed by Operations Manager or Regional Support Manager during Reg 29 visits to ensure compliance.
Area for improvement 2 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 3 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.
Area for improvement 4 Ref: Standard 39 Stated: First time To be completed by: 30 June 2026	The Registered Person shall ensure staff receive mandatory training for their roles in a timely manner. Ref: 3.3.1
	Response by registered person detailing the actions taken: Mandatory training modules are completed on the training platform and Moving & Handling Practical training is completed by all new starters prior to commencing employment. The Home Manager reviews the training platform on a monthly basis and monitors completion of modules. Face to face training such as

	Basic Life Support and Moving & Handling Practical training is arranged on a regular basis for staff who are due to renew their training. Training compliance will be reviewed during Reg 29 visits by Operations Manager and Regional Support Manager.
Area for improvement 5 Ref: Standard 40 Stated: First time To be completed by: 31 July 2026	The Registered Person shall ensure staff are provide with an appraisal of their role in a timely manner. Ref: 3.3.1
	Response by registered person detailing the actions taken: An annual appraisal matrix has been developed and appraisals have been planned during the remainder of the year. The Home Manager will review and update the matrix at the end of each month to ensure appraisals have been completed. Completion of appraisals will be reviewed during Reg 29 visits by Operations Manager and/or Regional Support Manager.
Area for improvement 6 Ref: Standard 12.1 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure residents are provided with meal choices, which are appetising, and meets their individual preferences. Ref: 3.3.2
	Response by registered person detailing the actions taken: Meal choices are provided for each main meal and meals are then prepared to suit all resident's choice. There is also a selection of condiments provided so individuals can adjust flavours to their own taste. Food Questionnaires are being completed with each resident to ascertain meal preferences and menus will be reviewed and further developed if required to incorporate the questionnaire findings. Residents' satisfaction will be monitored during Walkabout Governance Audits and during Reg 29 visits by Operations Manager and Regional Support Manager.
Area for improvement 7 Ref: Standard 44.3 Stated: First time To be completed by: 30 June 2026	The Registered Person shall ensure that the nursing home, including all spaces, are used for the purpose for which they are registered. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Dining room on ground floor and the lounge on first floor have been returned to their registered purpose. These areas will be spot checked during Walkabout Audits by Home Manager and Team Lead and during Reg 29 visits by Operations Manager and Regional Support Manager to ensure compliance.

Area for improvement 8 Ref: Standard 46 Stated: First time	The Registered Person shall ensure the infection prevention and control issues including signs, which require laminated and staff wearing false nails, are addressed. Ref: 3.3.4
To be completed by: 16 June 2026	Response by registered person detailing the actions taken: A copy of this report has been shared with all staff to ensure they are aware of the requirement for all posters to be laminated and that the wearing of false nails and nail polish is prohibited. The Home Manager has also addressed these requirements directly with individual staff members. Compliance will be monitored and evidenced through Hand Hygiene Audits, routine spot checks, and Walkabout Governance Audits. Additional spot checks will be undertaken during Regulation 29 visits conducted by the Operations Manager and Regional Support Manager to ensure ongoing adherence to these standards

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