

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

<b>Name of Registered Establishment:</b> Abbey View (RQIA: 1044)	<b>Name of Registered Person:</b> Maria Mallaband Limited Ms Tina Chapman Responsible Individual (Applicant)
<b>Address of Registered Establishment:</b> 48 Newtownards Road, Bangor, BT20 4BP	
<b>Issue Date:</b> 25 April 2022	<b>FTC Ref:</b> FTC000179
<b>Regulation not complied with:</b>  <i>The Nursing Homes Regulations (Northern Ireland) 2005</i>  <b>Registered person: general requirements</b>  <b>Regulation 10.-</b>  <i>(1) The registered provider and the registered Manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.</i>	
<b>Specific failings to comply with regulations:</b>  During an unannounced inspection on 12 and 13 April 2022 serious concerns were identified regarding the lack of robust Managerial oversight and governance arrangements within the home.  Inspectors were informed that the registered Manager had been absent from the home for approximately two weeks prior to the inspection and that the Home's Clinical Lead Nurse was now in charge of the home during the Manager's ongoing and open ended absence. RQIA had not been informed of either the Manager's absence or any alternative management arrangements in keeping with Regulation.  Discussion with staff highlighted a lack of robust management arrangements during the Manager's absence, for instance: observation of staffing levels and review of staff rotas evidenced a lack of Managerial oversight in regard to maintaining staffing levels so as to ensure that patients' needs were effectively and consistently met.	

In addition, there were no quality assurance audits available in relation to various aspects of care delivery, such as: infection prevention and control practices, wound care or patients' weights. It was also found that there was a lack of robust and alternative arrangements in place to ensure that these quality assurance audits would be maintained in the Manager's absence so as to quality assure ongoing care to patients.

Serious concerns were also identified in relation to a lack of Managerial oversight regarding quality of the premises. Observation of the environment and discussion with staff highlighted one shower room which was in significant disrepair, and three bedrooms which lacked either running hot water and/or a functioning toilet cistern. It was noted that there was a lack of robust governance arrangements in place so as to ensure that deficits within the premises were addressed in a timely and effective manner.

**Action required to comply with regulations:**

The Responsible Individual (Applicant) must ensure that:

- a Manager is appointed for the duration of the registered Manager's absence who shall, having regard to the size of the nursing home, the Statement of Purpose, and the number and needs of the patients, manage the nursing home with sufficient care, competence and skill
- a robust induction process is commenced for the acting Manager and kept under regular and meaningful review by the Responsible Individual (Applicant)
- a comprehensive programme of audits is maintained to effectively review the quality of care delivery and service provision within the home; these audits should include but not necessarily be limited to: infection prevention and control practices, wound care, and patients' weights
- all notifiable incidents are reported to RQIA in a timely manner and in keeping with Regulation
- there is a robust system in place to ensure that the quality of the premises is regularly reviewed and that deficits are identified and effectively responded to in a timely manner
- a robust system is in place which facilitates the Manager regularly reviewing the dependency of patients so as to inform staffing arrangements within the home
- arrangements are in place which facilitates the Manager effectively monitoring and managing staffing arrangements within the home on a daily basis so as to ensure the provision of safe, effective and compassionate care to patients

**The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.**

Date by which compliance must be achieved: 25 June 2022

*Elaine Connolly*

Signed.....  
Elaine Connolly, Director Adult Care Services

***This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005***

***It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.***

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<b>Address of Registered Establishment:</b> 48 Newtownards Road, Bangor, BT20 4BP	
<b>Issue Date:</b> 25 April 2022	<b>FTC Ref:</b> FTC000180
<b>Regulation not complied with:</b>  <b><i>The Nursing Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Health and welfare of patients</i></b>  <b><i>Regulation 13.—</i></b> <b><i>(1) The registered person shall ensure that the nursing home is conducted so as –</i></b> <b><i>(a) to promote and make proper provision for the nursing, and health and welfare of patients;</i></b> <b><i>(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.</i></b>	
<b>Specific failings to comply with regulations:</b>  During an unannounced inspection on 12 and 13 April 2022 serious concerns were identified in relation to the consistent provision of person centred care delivery to patients.  For instance, a review of care records highlighted that patients were assisted with showering/bathing on an inconsistent basis; discussion with patients also highlighted a reluctance, at times, to seek assistance from staff with some aspects of personal care due to staffing pressures within the home.  Deficits were also observed in relation the dining experience of patients. Observation of the evening meal on 12 April 2022 highlighted that staffing levels were insufficient to ensure that the patients' dining experience was in keeping with best practice; for example, staff had to stagger the provision of the evening meal in an attempt to provide assistance to more dependent patients first; this resulted in a disjointed and delayed dining experience for patients.	

There were also serious concerns in relation to the provision of meaningful engagement and activities for patients. Staff confirmed that there was no formal programme of activities in place so as to provide positive and meaningful outcomes for patients. Review of the patients' activity book evidenced that the last planned activity had taken place on 17 March 2022 and it was noted that the activities notice board had not been completed. While one carer has been assigned to assist, on occasion, with the provision of activities, this was alongside their caring duties and was therefore inadequate to ensure the provision of activities in a consistent manner.

Observation of and discussion with patients and staff highlighted that routines within the home resulted in patients spending the majority of their day within their bedrooms; RQIA is concerned that this has resulted in a lived experience for patients which lacks emotional and psychological stimulation and which also facilitates meaningful social inclusion.

**Action required to comply with regulations:**


The Responsible Individual (Applicant) must ensure that:

- Patients' intimate care, personal care and grooming needs are regularly assessed and met; and contemporaneous nursing records are kept of all such activities and procedures carried out in relation to each patient. Any variance from patients' care plans in this regard will be recorded with reasons and outcomes documented; this includes but is not limited to the provision of showers/baths to patients
- Patients' dining experience is managed in line with current best practice; specifically, there are adequate numbers of staff present when meals are served to ensure that: risks associated with patients eating and drinking are effectively managed; and patients are provided with assistance when eating and drinking, as needed
- Patients are enabled to have their meal served in either the dining room or their bedroom in keeping with personal preferences; patients' dining experience will allow for meals to be enjoyed in the presence of other patients in keeping with personal preferences; the dining experience shall be managed in a calm, relaxed and unhurried manner
- A programme of activities is planned and in place, and includes activities that are enjoyable, purposeful and age and culturally-appropriate and takes account of patients' physical and emotional needs and interests. It promotes healthy living, is flexible and responsive to patients' changing needs and facilitates social inclusion including but not limited to community events
- The programme of activities is displayed in a suitable format and in an appropriate location so patients know what is scheduled
- There are opportunities for informal activity and interaction between staff and patients. Patients who are unable or do not wish to participate in group activities are supported with one-to-one activities
- There is evidence that the programme and the individual activities are evaluated regularly to ensure they are enjoyable, appropriate and suitable for patients. This includes evidence of engagement with patients and those delivering the activity or event

- A record is kept of all activities that take place, the names of persons leading each activity and the patients who participate
- Patients are given opportunities to experience a supportive and homely environment as much as possible; this includes but is not limited to: ensuring that daily routines are flexible and responsive to patients' individual preferences, expectations and capabilities
- The culture of the home is based on patient centred care and which promotes patient engagement and participation; this includes but is not limited to: seeking the views and opinions of all patients and their next of kin/representative about the running of the home; this information will be used in a meaningful way to identify any deficits and drive necessary improvements

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**Date by which compliance must be achieved: 25 June 2022**



**Signed.....  
Elaine Connolly, Director Adult Care Services**

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<b>Issue Date:</b> 25 April 2022	<b>FTC Ref:</b> FTC000181
<b>Regulation not complied with:</b>  <b><i>The Nursing Homes Regulations (Northern Ireland) 2005</i></b>  <b><i>Visits by registered provider</i></b>  <b><i>Regulation 29.-</i></b>  <i>(1) Where the registered provider is an individual, but not in day-to-day charge of the nursing home, he shall visit the home in accordance with this regulation.</i> <i>(2) Where the registered provider is an organisation or partnership, the nursing home shall be visited in accordance with this regulation by –</i> <i>(a) the responsible individual or one of the partners, as the case may be;</i> <i>(b) another of the directors or other persons responsible for the management of the organisation or partnership; or</i> <i>(c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the nursing home.</i> <i>(3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</i> <i>(4) The person carrying out the visit shall –</i> <i>(a) interview, with their consent and in private, such of the patients and their representatives and persons working at the nursing home as appears necessary in order to form an opinion of the standard of nursing provided in the home;</i> <i>(b) inspect the premises of the nursing home, its record of events and records of any complaints; and</i> <i>(c) prepare a written report on the conduct of the nursing home.</i>	

**Specific failings to comply with regulations:**

During an unannounced inspection on 12 and 13 April 2022 serious concerns were identified regarding the lack of robust oversight by the Responsible Individual (Applicant) and senior management team and governance arrangements within the home. There was no recorded evidence that a monthly monitoring visit had been completed since 4 November 2021. Review of the reports available evidenced that action plans were not robustly completed so as to identify deficits and drive the necessary improvements within the home. RQIA is concerned that given the deficits noted during this inspection, there is a lack of effective oversight in order to identify shortfalls and drive any necessary improvements within the home.

**Action required to comply with regulations:**

The Responsible Individual (Applicant) must ensure that:

- monthly monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Manager and/or Responsible Individual (Applicant)
- that monthly monitoring reports evidence meaningful and timely review by the Manager
- that monthly monitoring reports evidence consultation with patients and/or their representatives; and staff, so as to form an opinion of the standard of care provided within the home
- that a copy of monthly monitoring reports is maintained within the home and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation

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**Elaine Connolly, Director Adult Care Services**

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