

Inspection Report

25 July 2022



Abbey View

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Maria Mallaband Ltd Responsible Individual: Mrs Christine Chapman (Applicant)	Registered Manager: Ms Georgeana Tarabuta - acting
Person in charge at the time of inspection: Ms Georgeana Tarabuta	Number of registered places: 25
Categories of care: 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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 25 patients. Patients' bedrooms are located over two floors. Patients have access to communal lounges and the dining room.	

2.0 Inspection summary

An unannounced inspection took place on 25 July 2022 from 9.55 am to 3.25 pm by a care inspector.

Three failure to comply notices were issued following the findings of 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; the inconsistent provision of showering/bathing for patients; patients' dining experience; the provision of activities for patients; and the completion of monthly monitoring visits/reports.

Following a meeting with the Responsible Individual (Applicant) and the Regional Director, three Failure to Comply (FTC) notices (FTC Ref: FTC000179) under Regulation 10 (1), (FTC Ref: FTC000180) under Regulation 13 (1) (a)(b) and (FTC Ref: FTC000181) under Regulation 29 (1) (2) (a)(b)(c) (3) (4) (a)(b)(c) were issued on 25 April 2022. The date of compliance in respect of the FTC Notices was 25 June 2022.

An unannounced inspection was undertaken on 7 June 2022 to assess progress with the actions detailed in the FTC notices. The inspection evidenced that progress had been made, but RQIA were not assured in relation to the managerial oversight and governance arrangements; or the completion of robust monthly monitoring visits/reports by the registered provider so as to drive ongoing improvements within the home.

An inspection was undertaken on 27 June 2022 to assess compliance with the actions detailed in the FTC notices. The inspection evidenced that management within the home had taken appropriate action to comply with the FTC notice under Regulation 13 (1) (a)(b).

Concerns remained in relation to the managerial oversight and governance arrangements (Regulation 10 (1)) and the completion of robust monthly monitoring visits/reports by the registered provider (Regulation 29 (1) (2) (a)(b)(c) (3) (4) (a)(b)(c)). A senior management meeting was held in RQIA on 28 June 2022 and it was decided that as some progress had been made, the compliance date for both FTC notices would be extended to 25 July 2022.

This inspection assessed compliance with the actions detailed in the FTC notices. The inspection evidenced that management within the home had taken appropriate action to comply with both FTC notices.

Three areas for improvement were identified within the Quality Improvement Plan (QIP) in relation to regular review of the dependency of patients and monthly monitoring visit action plans. An area for improvement regarding fire risk assessment was reviewed and validated as partially met and has been stated for a second time.

RQIA will continue to monitor and review the quality of services provided in Abbey View. It should be noted that continued non-compliance may lead to further enforcement action.

Patients were seen to be looked after by staff in a caring and compassionate manner. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the Manager and Responsible Individual (Applicant) 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the failure to comply notices, the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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 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.

The findings of the inspection were discussed with Ms Georgeana Tarabuta, Manager at the conclusion of the inspection and Mr Robert Blackburn, Regional Director, post inspection.

4.0 What people told us about the service

During the inspection we spoke with four patients individually, small groups of patients in the dining room, a patients' relative and six staff. Patients commented that they felt well cared for and enjoyed the food. They were complimentary regarding staff and the manner in which they cared for them. They also told us planned activities offered to them were much improved and that they had enjoyed a variety of new experiences and activities.

A patients' relative spoken with said communication from senior management had improved and that their relatives' personal care was regularly attended to and they were always well turned out.

Staff said they were pleased that the deputy manager had been appointed as acting manager in the absence of the registered manager and that improvements were noted regarding the general day to day running of the home, with the availability of an onsite Manager who knows the patients, their representatives and staff well. Staff also told us they were committed to the patients, cared about them and strived to provide the best care they could. Staff told us that the quality of communication between staff and senior management had improved.

Following the inspection no completed questionnaires were received from patients, their representatives or staff within the timescale specified.

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
Area for Improvement 1 Ref: Regulation 27 (4)(a) Stated: First time	The registered person shall ensure that the significant findings in the fire risk assessment have been addressed and signed-off accordingly. This will insure that the premises risk rating is reduced to 'Tolerable'.	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed that several actions set out in the fire risk assessment had been completed. However, the inspector was unable to confirm the following: <ul style="list-style-type: none"> • repairs required to fire doors; and • confirmation that roof void compartmentation is in place. This area for improvement has been partially met and is stated for a second time.	

5.2 Inspection findings

FTC Ref: FTC000179

Notice of failure to comply with regulation 10.-(1) of *The Nursing Homes Regulations (Northern Ireland) 2005*

Registered person: general requirements

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.

In relation to this notice the following seven actions were required to comply with this regulation:

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 patient.

Action taken by the registered persons:

Evidence in relation to the seven action points outlined in the Failure to Comply Notice was gathered to establish if Abbey View had complied with the Regulation. The following was established in relation to each action:

An acting manager was appointed on 4 July 2022 for the duration of the registered manager's absence. Progress has been noted regarding managerial and governance oversight as the acting manager is available in the home on a daily basis.

Records requested of a robust induction process for the acting Manager were available to view.

A programme of audits was maintained to review the quality of care delivery and service provision within the home; these audits included: infection prevention and control practices including hand hygiene, care plans, patients' weight, wounds and a home first impression/environmental audit. The Manager advised she has computer access to check audits and also keeps her own records regarding patients' weight. Action plans had been completed and signed off.

Notifiable incidents were reported to RQIA in a timely manner and in keeping with Regulation.

A home first impression/environmental audit had been completed for June 22 to ensure that the quality of the premises is reviewed and that deficits are identified. It was noted that the action plan had been completed.

A system was in place which facilitates the Manager to review the dependency of patients so as to inform staffing arrangements within the home. The patient dependency tool was noted to be completed on 17 April 2022. The Manager advised that the dependency tool was due to be reviewed at the end of the week of inspection as patient dependency had changed. In order that RQIA is assured of ongoing compliance an area for improvement was identified in relation to the regular review of the dependency of patients.

The Manager was able to effectively monitor and manage staffing arrangements within the home on a daily basis as she is employed in a full time capacity. The Manager informed us she completes the off duty rota and manages staff to ensure that staffing levels are appropriate in order to meet the needs of the patients.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

FTC Ref: FTC000181

Notice of failure to comply with regulation 29.-(1) (2) (a) (b) (c), (3), (4) (a) (b) (c) of *The Nursing Homes Regulations (Northern Ireland) 2005*

Visits by registered provider

Regulation 29.-

- (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.*
- (2) Where the registered provider is an organisation or partnership, the nursing home shall be visited in accordance with this regulation by –*
 - (a) the responsible individual or one of the partners, as the case may be;*
 - (b) another of the directors or other persons responsible for the management of the organisation or partnership; or*
 - (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the nursing home.*
- (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.*
- (4) The person carrying out the visit shall –*
 - (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;*
 - (b) inspect the premises of the nursing home, its record of events and records of any complaints; and*
 - (c) prepare a written report on the conduct of the nursing home.*

In relation to this notice the following four actions were required to comply with this regulation:

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

Action taken by the registered persons:

Evidence in relation to the four action points outlined in the Failure to Comply Notice was gathered to establish if Abbey View had complied with the Regulation. The following was established in relation to each action:

Monitoring reports were noted to be completed in keeping with Regulation; action plans with target dates were in place however, evidence of review by the manager was not recorded on the reports. This was discussed with the Regional Director who provided evidence and advised that action plans are generated and reviewed on the computer system to evidence that improvements have been addressed. The Regional Director advised that he will ensure reviewed action plans are made available for inspection. In order that RQIA is assured of ongoing compliance an area for improvement was identified in relation to availability and regular review of monthly monitoring visit action plans.

The new Manager advised that she will review monthly monitoring reports in a meaningful and timely manner. Discussion with the Regional Director, post inspection confirmed that this is the case and that review of monthly monitoring reports will be monitored by the Regional Director.

It was noted that monthly monitoring reports evidenced consultation with patients, their representatives; and staff, so as to form an opinion of the standard of care provided within the home.

Copies of monthly monitoring reports for April, May and June 2022 were made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

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.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* the total number of areas for improvement includes one regulation which was partially met and is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Georgeana Tarabuta, Manager, at the conclusion of the inspection and Mr Robert Blackburn, Regional Director, post inspection, 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	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: Second time To be completed by: 30 August 2022	The registered person shall ensure that the significant findings in the fire risk assessment have been addressed and signed-off accordingly. This will insure that the premises risk rating is reduced to 'Tolerable'. Response by registered person detailing the actions taken: As new proprietors we are progressing the identified works with relevant external contractors to strengthen and improve the premises risk rating, which will be further re-assessed in October 2022.
Area for improvement 2 Ref: Regulation 15 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a system is in place to regularly review the dependency of patients so as to inform staffing arrangements within the home. Response by registered person detailing the actions taken: A system is now in place to regularly review the dependency of patients and suitability of staffing levels. This will be kept under ongoing review by the Acting Home Manager and the Registered Person/representative.
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that action plans generated from the monthly monitoring report, are reviewed in a meaningful and timely manner by the manager to ensure that identified improvements have been addressed. Response by registered person detailing the actions taken: Regular monthly monitoring reports and subsequent action plans and review are now standard elements of the governance system and structures around Abbey View and form the basis of service assurance and continuous improvement.

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