



# Unannounced Care Inspection Report

## 01 May 2018



## Abbey View

**Type of Service: Nursing Home**  
**Address: 48 Newtownards Road, Bangor, BT20 4BP**  
**Tel No: 028 9146 9644**  
**Inspector: Linda Thompson**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Maria Mallaband Ltd  <b>Responsible Individual:</b> Ms Victoria Craddock	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Natasha Scott registered nurse	<b>Date manager registered:</b> Tiago Moreira- application received - “registration pending”.
<b>Categories of care:</b> Nursing Home (NH) 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.	<b>Number of registered places:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 01 May 2018 from 08.45 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to all four domains. The staffing provision available on the day was reflective of the staffing plan and was considered to be effective in meeting the needs of the patients. Nursing care records were well maintained with evidence of clear assessment of need, care planning and regular reviews. The quality assurance processes maintained by the newly appointed manager were found to be robust and many patients, their representatives and staff commented on the approachability of the new manager and of the improvements already made since he has commenced employment.

Areas requiring improvement were identified in regards to the locking mechanism on the inside of the inner front door. Some minor areas of improvement are also identified in regards to infection prevention and control and these were already being actioned by the end of the inspection.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to, and valued patients and their representatives and were taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Natasha Scott registered nurse, as part of the inspection process and with the home manager on 2 May 2018 by telephone. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action taken following the most recent inspection dated 23 August 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 23 August 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 22 patients, 6 staff, nil visiting professionals and 3 patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from the week prior to the inspection and the week of the inspection
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 August 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector as part of this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 23 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control practices in relation to reusing single use items, and hand washing by staff are improved.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that infection control practice in regards to the use of single use items and hand hygiene has been improved as required.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (b) <b>Stated:</b> First time</p>	<p>The registered persons shall refurbish the identified bathroom and bedroom.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the planned refurbishment of the identified bathroom is scheduled to commence on 4 June 2018. All bedrooms examined during inspection were well maintained and in good decorative order.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time</p>	<p>The registered person shall review staffing levels to ensure patients' needs are being fully met</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector can confirm that the staffing levels planned and maintained are currently sufficient to meet the needs of the patients.</p>	<b>Met</b>
<p><b>Area for improvement 2</b> <b>Ref:</b> Standards 22 and 23 <b>Stated:</b> First time</p>	<p>The registered provider shall ensure that where a patient is assessed as at risk of pressure damage or falls, a documented prevention and treatment programme is drawn up and agreed with relevant professionals and entered into the patients care plan.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that where a patient is assessed as at risk of pressure damage of falls, a documented prevention and treatment plan is drawn up and agreed with the multiprofessional team as required and entered into the patient's care plan.</p>	<b>Met</b>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall identify and repaint bedrooms as required; and the carpet on the back stairs should be cleaned.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> All bedroom areas were evidenced to be maintained in good decorative order at the time of the inspection. The stair carpet in the back stairwell was clean.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.14</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure attention to personal care is undertaken at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> At the time of the inspection all patients appeared to be well cared for and comfortable in their surroundings. The inspector was appropriately assured that there was good attention to the detail of personal care delivery.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall improve communication with staff, patients and patient's representatives to review and discuss the issues raised in the returned questionnaires</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector examined the records of a recent relatives meeting and nursing/care and ancillary staff meetings. It was positive to note the improvement in communications between relatives, staff and management.</p> <p>Many positive comments were received by the inspector regarding the improvements made by the newly appointed manager.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the results of care records audit activity is fully analysed to ensure that appropriate actions are taken to address any recurring shortfalls and ensure that any necessary improvements are embedded into practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector examined a number of patient care record audits and can confirm that a robust system is being maintained. This was evidenced in the care records examined during inspection.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 23 April 2018 to 6 May 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. However, they also confirmed that this only happened occasionally and that shifts were usually able to be "covered."

We also sought staff opinion on staffing via the online survey however nil were received within the required timescales.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Abbey View. We also sought the opinion of patients on staffing via questionnaires. Six patient questionnaires were returned. All patients indicated that they were very satisfied or satisfied with the care they received and three patients indicated there was "enough staff available to care."

Two relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. Four questionnaires were returned and all relatives indicated that they were very satisfied that staff had 'enough time to care'.

One of the relatives' included the following comment:

"This is a great place. I cannot thank the staff enough for all they do on a daily basis".

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.



A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for all grades of staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of DHSSPS Care Standards for Nursing Homes 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered nurse in charge and a number of care staff confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records maintained, in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered nursing in charge and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered nurse in charge and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge areas, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

It is positive to note that the planned refurbishment of the bathroom on the first floor is to commence on 4 June 2018.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were in general consistently adhered to. However the patient charts files held in each patient's room were torn and damaged beyond use. The manager confirmed that replacement folders are already ordered.

In addition the manager maintained records of the incidences of health care acquired infections (HCAIs). However the recent guidance from Public Health Authority (PHA) was not displayed and staff were unfamiliar with this guidance. An area for improvement is made that this best practice guidance be advised to all nursing staff.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails/alarm mat etc.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the commencement of the new manager confirmed that these were appropriately managed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home's environment.

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. A daily written report is maintained for management overview.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. A number of staff stated that they felt that the new manager was very approachable.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Minutes of recent relatives, registered nursing and care staff meetings were examined. These had been called to introduce the new manager to the home and we are advised that regular meetings will be maintained in the incoming months.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s management. Patients and representatives were aware of who their named nurse was and knew the manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 08.45 and were greeted by staff who were helpful and attentive. Patients were preparing for breakfast which is served in their own room or in the lounge area depending upon their preferences. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and staff were overseeing the mealtime service. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"I cannot begin to thank you all for the care you have shown to my ..... and our family"  
"You have been terrific; I don't know what we would have done without Abbey View"

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with 15 patients individually, and with others in smaller groups, confirmed that living in Abbey View was a positive experience.

Patient comments received included;

"This is better than home. Here I have company all day"  
"The staff cannot do enough for you they are all good"  
"I have no concerns and the food is great"

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided were four were returned within the timescale. All four indicated that they were very satisfied or satisfied with the care provided across the four domains.

Representative's comments included....

"The staff have been great and are always very welcoming"  
"I see a lot of improvements since the new manager has started"  
"There is a lovely relaxed atmosphere in the home"

Staff were asked to complete an on line survey, however nil were submitted within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home.

Concerns are identified regarding the keypad access on the inside of the inner front door of the home. We were advised that this had recently been changed from a 'push button' to exit, in order that one identified patient would be unable to exit the home unnoticed. Whilst this new system minimises the risk for one patient it is inappropriate that all other patients, their representatives and visitors to home are detained behind a locked door. This practice is viewed as 'Defacto detention'. An area for improvement is stated under the DHSSPS Care Standards for Nursing Homes 2015.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the nurse in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control (IPC) practices, care records, catering arrangements. In addition robust measures were also in place to provide the manager with an overview of the management of infections, and wounds occurring in the home.

Review of records evidenced that quality monitoring visits were completed on a monthly basis by representatives of the responsible individual in accordance with The DHSSPS Care Standards for Nursing Homes 2015.

A review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships in the home and management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

The following areas were identified for improvement in relation to 'Defacto Detention' and the current system of exiting the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Natasha Scott registered nurse in charge during the inspection and with Tiago Moreira manager by telephone the day following the inspection. The timescales commence from the date of inspection.

The registered provider should note that if the action outlined in the QIP is not taken to comply with standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 May 2018</p>	<p>The registered person must ensure that the philosophy of the home and provision of care is the least restrictive and controlling possible for patients. The level, nature and type of any restraint must be proportionate to the risk it is attempting to address.</p> <p>The registered person must ensure that the keypad used to exit the front door is removed and replaced by a 'push button' to exit system.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Keypad used to exit the front door has been replaced with a "push button".</p>

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



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