



# Unannounced Care Inspection Report 1 October 2019



## Abbey View

**Type of Service: Nursing Home**  
**Address: 48 Newtownards Road, Bangor BT20 4BP**  
**Tel no: 02891469644**  
**Inspector: Gerry Colgan**

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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.

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.

## 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> Tiago Moreira
<b>Person in charge at the time of inspection:</b> Tiago Moreira	<b>Date manager registered:</b> 23 May 2018
<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 1 October 2019 from 09.00 hours to 16.00 hours.

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 registered manager were found to be robust and many patients and staff commented on the approachability of the manager and of the improvements made since he has commenced employment.

Areas requiring improvement were identified in regards to the environment. Some minor areas of improvement were also identified in regards to completion of documentation 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Tiago Moreira, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 7 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 June 2018. 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 the inspector met with 15 patients, eight staff and the regional manager. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff and staff not on duty to an online survey.

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
- two 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

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Mr Moreira, registered manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	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.	<b>Met</b>
	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.	
	<b>Action taken as confirmed during the inspection:</b> Observation of the front door confirmed that the keypad has been replaced with a push button mechanism.	

## 6.2 Inspection findings

### 6.3 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 manager 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 20 September 2019 to 6 October 2019 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 were 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."

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Abbey View.

Review of two 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 nurses 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 manager 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 manager 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 and staff spoken with were complimentary in respect of the home's environment; however, the home does require a refurbishment programme to freshen it up. Tiling in a disabled toilet upstairs is not completed and the corridor upstairs should be repainted. The ceiling in the laundry should be made good and repainted. Two areas for improvement in relation to the home's environment are stated under the standards.

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 adhered to. In addition, the registered manager maintained records of the incidences of health care acquired infections (HCAIs).

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, use of bed rails and 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 previous care inspection 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, infection prevention and control and risk management.

## Areas for improvement

Areas were identified for improvement under the standards in relation to the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.4 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), speech and language therapy (SALT) and dietitians. 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) and the speech and language therapist.

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 registered manager or the nurse in charge. A number of staff stated that they felt that the registered 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 during the inspection.

Patients and staff spoken with expressed their confidence in raising concerns with the home's management. Patients were aware of who their named nurse was and knew the registered 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.

## Areas for improvement

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

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

### 6.5 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 09.00 and were greeted by the registered manager and staff who were helpful and attentive. Patients were having breakfast which is served in the dining room, 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 throughout the day 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. On the day of inspection patients were painting stones to be used locally to highlight Alzheimers awareness. Other activities include postcards sent to Abbey View from abroad, and there are plans to involve a local school.

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.

The inspector 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.

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:

- “I came in here because I used to visit friends who were patients here and I always liked it.”
- “I have a great appetite and my needs are well catered for. The food is great.”
- “We are very comfortably clad, food is very good and we get out quite a bit. What more do you want.”

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.

Comments from staff spoken with during inspection included:

- “I have been here 20 years. It is a lovely place to work.”
- “We all feel well supported and good e-learning and courses.”
- “One of the better homes I have worked in. The manager and nurses all say thank you at the end of each shift.”

Ten questionnaires were left for patients and patient representatives. No questionnaires were submitted to RQIA.

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

#### 6.6 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked were clearly recorded. Discussion with staff and patients 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 registered manager 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 including falls, infection prevention and control practices, care records, and catering arrangements. In addition, robust measures were also in place to provide the registered 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 a representative 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

No areas for improvement were identified in this domain.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Tiago Moreira, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019.	<p>The registered provider shall provide to RQIA an action plan detailing the continuous improvements for the décor of the home</p> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Refurbishment plan has been agreed and started with some of the furniture already being replaced. Plan to be implemented over the course of the next 12 months.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019.	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• Tiling in a disabled toilet upstairs is completed.</li> <li>• The corridor upstairs should be repainted.</li> <li>• The ceiling in the laundry should be made good and repainted.</li> </ul> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Maintenance person is finishing the tiling on the disabled toilet on the first floor. Contractors have provided quotes to carry out the work in the laundry and in the corridor, which have been approved.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

**Twitter** @RQIANews

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