



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of establishment:	Abbey View
RQIA number :	1044
Date of inspection:	5 January 2015
Inspector's name:	Norma Munn
Inspection number:	20769

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of establishment:	Abbeyview
Address:	48 Newtownards Road Bangor BT20 4BP
Telephone number:	028 91469644
Email address:	abbeyview@mmcg.co.uk
Registered organisation/ registered provider:	Maria Mallaband Care Group Ltd Ms Victoria Craddock
Registered manager:	Heather Spence
Person in charge of the home at the time of inspection:	Heather Spence
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	25
Number of patients accommodated on day of inspection:	23
Scale of charges (per week):	£581.00
Date and type of previous inspection:	20 May 2014 Primary unannounced inspection
Date and time of inspection:	5 January 2015 10:20 – 16:00 hours
Name of inspector:	Norma Munn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Method/process

Specific methods/processes used in this inspection include the following:

- Discussion with the quality assurance manager
- discussion with the registered manager
- discussion with staff
- discussion with patients individually and with others in groups
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises

5.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Abbeyview Private Nursing home is situated on the Newtownards Road in Bangor, and is close to local facilities including the local health centre.

The nursing home is owned and operated by the Maria Mallaband Care Group Limited.

The newly appointed registered manager is Heather Spence.

This is a purpose built facility providing patient accommodation on two floors. Originally designed to accommodate 22 patients, it was later extended to accommodate 25. All rooms have ensuite facilities. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on both floors. The main dining room is on the ground floor adjacent to the kitchen. The communal lounge on the first floor has a small dining area contained within.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. The accommodation is bright and spacious and designed to a high standard.

There are adequate car parking spaces at the side and the rear of the premises.

The home is registered to provide care for a maximum of 25 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

7.0 Summary

The unannounced inspection of Abbey View was undertaken by Norma Munn on 5 January 2015 between 10:20 and 16:00 hours. The inspection was facilitated by Ms Heather Spence, newly appointed registered manager, who was present throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Heather Spence and Ms Leigh Patience, quality assurance manager.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 20 May 2014.

As a result of the previous inspection five recommendations were made. These were reviewed during this inspection and the inspector evidenced that four recommendations have been fully complied with. One recommendation has not been complied with and has been stated for the second time. Details can be viewed in the section immediately following this summary.

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were generally observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients. Patients were well groomed, appropriately dressed and appeared comfortable in their surroundings. Those patients who were unable to express their views verbally were also observed to be well groomed, appropriately dressed in clean matching attire and were relaxed and comfortable in their surroundings.

The inspector reviewed assessments and care plans in regard to management of continence in the home. Areas for improvement were identified with the care records and a recommendation has been made.

Discussion with staff during the inspection evidenced that there were normally adequate stocks of continence products available in the nursing home. However, the inspector observed an insufficient supply of disposable gloves throughout the home. A recommendation has been made.

Nursing staff spoken with on the day of the inspection were knowledgeable regarding the management of urinary catheters and the frequency with which the catheters were required to be changed.

Additional Areas Examined

Care Practices
Staffing
Patients and Relatives Comments
Staff Comments
Environment

Details regarding the inspection findings for these areas are available in the main body of the report. One requirement has been made in relation to food and fluids and one requirement has been made in relation to care practices.

The inspector would like to thank the patients, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	5.3	Specific validated risk assessment tools should be completed on the day of admission in order to establish the patient's current needs and base line observations.	Review of care records evidenced that this recommendation has been addressed	Compliant
2.	3.4	Any documents from the referring Healthcare Trust should be dated and signed when received by the nursing home.	Health Care Trust documents reviewed evidenced that this recommendation has been addressed	Compliant
3.	5.7	Wound photographs should be updated as the wound presentation changes in order to provide an up to date evidence of evaluation.	Review of one patient's care record and discussion with staff evidenced that the photograph of the wound had been updated	Compliant
4.	12.3	The menu plan should be reviewed to include choices for snacks for patients on therapeutic diets.	Discussion with the cook confirmed that the menu plan did not include choices of snacks for those on therapeutic diets. This recommendation has been stated for the second time.	Not compliant
5.	30.7	The staff duty roster should clearly identify the nurse in charge of the home in the absence of the registered manager.	Review of the staff duty roster weeks commencing 22 December 2014 and 29 December 2014 evidenced that this recommendation has been addressed	Compliant

8.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection on 20 May 2014 RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Abbeyview Nursing Home.

Section 9

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

<p>Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care.</p> <p>Two out of three care records reviewed evidenced that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. However, one patient whose continence care needs had recently changed did not have an up to date care plan in place to meet their assessed needs. A recommendation has been made.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Two out of three care records reviewed evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. A recommendation has been made.</p> <p>Discussion with staff indicated that there were usually adequate stocks of continence products available in the nursing home. However, on the day of the inspection, the inspector observed that the wall dispensers had not been adequately stocked with disposable gloves. Discussion with staff indicated that there was an insufficient supply of disposable gloves throughout the home. Discussion with the registered manager confirmed that a supply of gloves was due to be delivered on the day of the inspection. A recommendation has been made to ensure that an adequate supply of personal protective equipment is available in the home at all times to minimise the risk of infection between patients and staff.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • stoma care • catheter care <p>The inspector can also confirm that the following guideline documents were in place:</p> <ul style="list-style-type: none"> • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	<p>Compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not assessed.	Not assessed
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager confirmed that staff were assessed as competent in continence care. Discussion with staff revealed that identified registered nurses in the home were deemed competent in catheterisation and all registered nurses in the home were deemed competent in the management of stoma appliances. Staff informed the inspector that advice and support for continence management can be sourced from the continence nurse in the local Trust. Discussion with the registered manager confirmed that regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Substantially compliant
--	--------------------------------

10.0 Additional Areas Examined

10.1 Care Practices

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. Good relationships were evident between patients and staff and staff were generally noted to treat the patients with dignity and respect.

The inspector observed staff assisting a patient to transfer from the lounge to the bathroom. Instead of using a wheelchair staff were observed using a portable commode to transport the patient. This practice is unsafe and undignified. A requirement has been made to ensure that patients are transferred safely and in a dignified manner.

The inspector observed the serving of the mid-morning break. Observation and discussion with staff confirmed that patients who required specialised therapeutic diets were not being offered food at this time. A requirement has been made to ensure that patients who require a therapeutic diet are offered a mid-morning snack.

10.2 Staffing

Duty rotas for weeks commencing 22 December 2014 and 29 December 2014 were reviewed and evidenced that staffing numbers were in keeping with RQIA's recommended minimum staffing guidelines for the number of patients accommodated in the home during the inspection.

10.3 Patients and Relatives Comments

During the inspection the inspector spoke with nineteen patients individually and with the majority of others in smaller groups. Patients spoken with confirmed that they were happy with the standard of care, facilities and services provided in the home. Those patients who were able to express their opinion informed the inspector that staff were polite and respectful, that they could call for help if required, that needs were met in a timely manner.

Examples of patients' comments were as follows:

"The food couldn't be better."

"I get plenty of cups of tea."

"The staff are excellent."

"Staff attend to me quickly when I press the buzzer."

Five relatives spoken with commented positively regarding the attitude of staff and their approach to patients. They confirmed that the staff in the home kept them informed of any changes to their relative's condition and consulted with relevant healthcare professionals in a timely way.

Examples of relatives' comments were as follows:

"I am happy with the home."

"The caring staff and nursing staff are excellent."

"They are well cared for."

There were no issues or concerns raised with the inspector during this inspection.

10.4 Staff Comments

During the inspection the inspector spoke with eight members of staff including registered nurses, care assistants and ancillary staff.

Staff responses in discussion indicated that staff received an induction, completed mandatory training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

10.5 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' bedrooms, bathrooms, shower and toilet facilities and communal areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was appropriately heated and fresh smelling throughout.

11.0 Quality improvement plan

The details of the quality improvement plan appended to this report were discussed with Ms Heather Spence, registered manager and Ms Leigh Patience, quality assurance manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

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

Enquiries relating to this report should be addressed to:

**Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Unannounced Secondary Care Inspection

Abbey View

5 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Leigh Patience, Quality Assurance Manager and Heather Spence, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



2


Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	12 (4) (a)	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> patients who require a therapeutic diet are offered a mid-morning snack <p>Ref: Section 10.1</p>	One	Snacks are now ready available on the trolley to be offered every day. The Kitchen staff have an awareness of which residents have specialist diets and provide all snacks in line with this - an up to date list is available of these diets in the kitchen area	By 2 February 2015
2.	14 (2) (b) and (c)	<p>The registered person must ensure that patients are transferred safely and in a dignified manner.</p> <p>Ref: Section 10.1</p>	One	All residents are transferred in line with individual and up to date risk assessment, care plan and moving and handling assessment. This is evaluated monthly or as needs change and staff are kept fully informed of all residents needs in this area. Privacy, dignity and respect are maintained at all times.	By 2 February 2015


Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	12.3	The menu plan should be reviewed to include choices for snacks for patients on therapeutic diets Ref: Section 8.0	Two	Although residents were being offered snacks at regular intervals daily , the menu planner has now been reiveiwed and includes this on the menu plan	Ongoing
2.	19.1	The registered person must ensure that <ul style="list-style-type: none"> • the patient's care plan for continence is kept under review following a change in the patient's circumstances • care plans are developed in consultation with the patient and/or their representative Ref: Section 9.0, criterion 19.1	One	Staff are aware that any changes to residents care plan must be changed and reviewed either monthly or as care needs change. All care plans are devised with the residents and/or family and evidence is available to support consent and agreement in this area.. This Is an ongoing process along with regular care file audits by manager and deputy	By 2 February 2015
3.	35.7	The registered person must ensure that an adequate supply of personal protective equipment is available at all times to minimise the risk of infection between patients and staff Ref: Section 9.0, criterion 19.1	One	All supplies are ordered regularly every Tuesday and arrive on a Thursday. In future if over christmas and new year and where it is possible the delivery is late as it was at this time, the home will ensure supplies from another home as soon as noticed.	By 2 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Heather Spence
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.		4/2/15.
Further information requested from provider			