

Inspection Report

7 June 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: Mrs Delma Dela Cruz – not registered
Person in charge at the time of inspection: Ms Georgeana Tarabuta - Clinical Lead Nurse	Number of registered places: 25
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 19
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 7 June 2022 from 09.30 am to 3.55 pm by a care inspector.

Enforcement action resulted from the findings of the previous 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 is 25 June 2022.

A FTC notice under Regulation 20 (1) (a) in relation to staffing was not issued as RQIA received sufficient assurances that senior management were actively addressing the area for improvement.

This inspection was planned to assess progress with the actions detailed in the FTC notices. The FTC notices remain in place as the date of compliance in respect of the notices is 25 June 2022.

The outcome of the inspection evidenced improvement regarding the provision of showering/bathing for patients, the patients' dining experience and the provision of activities for patients. However, RQIA did not receive necessary assurances in regard to those deficits relating to 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.

In addition, areas for improvement from the Quality Improvement Plan (QIP) were reviewed. Please see section 5.1 below.

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.

Comments received from patients and staff members are included in the main body of this report.

The findings of this report will provide the management team 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 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 the person in charge at the conclusion of the inspection and with Mrs Delma Dela Cruz, manager, post inspection on 8 June 2022.

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 and four staff. No visitors were in the home during the inspection to consult with. 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. Patients also told us planned activities offered to them were much improved and that they had recently enjoyed a variety of new experiences and activities. This is discussed further in Section 5.2.4.

Staff said they enjoyed working in the home, were committed to the patients, cared about them and strived to provide the best care they could. However; staff also reported low morale due to ongoing inconsistent staffing levels. Staff told us that although the quality of communication between staff and senior management had improved since the last inspection, they would welcome more timely information from senior management regarding any changes in the home.

Staff said that they had concerns regarding the stability of the current management arrangements in the general day to day running of the home; this is reviewed and discussed further within Section 5.2.5.

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 12 & 13 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) (d) (j) Stated: Second time	The registered person shall ensure that the premises are of sound construction, are kept in a good state of repair and facilities in the identified shower room are in good working order, are clean and reasonably decorated. Ref: 5.1 & 5.2.5	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 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'. Ref: 5.2.5	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First	The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime. Ref: 5.2.2	Met

	Action taken as confirmed during the inspection: Review of the patient dining experience evidenced that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.	
Area for improvement 2 Ref: Standard 41 Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly and records are kept to include: the date of the meeting, the names of those attending, minutes of discussions and any actions agreed. Ref: 5.2.5 Action taken as confirmed during the inspection: Review of staff meetings evidenced that a meeting was held on 27 April 2022. However; the meeting minutes were not available. Therefore this area for improvement is only partially met and is stated for a second time.	Partially met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Recruitment records were not reviewed during this inspection. The person in charge confirmed that the home is actively recruiting new staff to include registered nurses, carers and an activity coordinator.

Staff told us they knew the patients well and were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

One patient spoken with told us, "The staff work hard and they know me well. I'm well cared for and know the staff members do their best. There's always someone about if you need them. I've no concerns".

Staff said that, whilst they were busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. A staff member commented, "Yes, there have been improvements in staffing levels. It's ok when there are enough staff on duty. Sometimes people phone in sick and that means we have to work harder to make sure the patients receive good care."

Staff spoken with reported that staffing levels had improved slightly since the last inspection but that they were frequently asked to cover extra shifts. Review of the staff duty rota from 9 to 29 May 2022 evidenced this was the case as the rotas confirmed there had been changes to include staff sickness. The majority of trained nursing shifts were covered by agency staff.

It was noted that the home was short staffed on the day of inspection due to a staff member phoning in sick at short notice.

The person in charge told us they were on the duty rota in a supernumerary capacity which enabled them to assist staff with care delivery if required and that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

An agency nurse on duty spoken with said, "I had a good induction and have no issues at all. The Clinical Lead Nurse is really caring and dedicated to patients and carers are good. I find staff helpful and supportive and would definitely come back to work here."

5.2.2 Care Delivery and Record Keeping

Patients were observed to well-presented and their needs appeared to be attended to promptly on the day of inspection; no patients were presenting with signs of distress and call bells were answered in a timely way.

Patients told us that they are offered regular showers and invited to the dining room for meals. One patient commented: "I had a lovely bath last night before going to bed. We get them more frequently now". Review of shower records from the week beginning 16 May to 7 June 2022 evidenced that patients were offered regular showers or baths. If a patient choose to decline a shower/bath this was documented.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly. Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Improvements were noted in the patient dining experience as we observed the serving of the lunchtime meal in the dining room. Staff offered patients the choice of where to sit and where to take their meals; some patients preferred to have lunch in their room and staff were observed supporting patients to make these choices.

Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate numbers of staff were observed

assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

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. The daily menu was displayed on each table in the dining room showing patients what is available each mealtime. Patients able to communicate indicated that they enjoyed their meal.

Two patients spoken with said: "I enjoyed lunch and coming to the dining room for meals as I like to have a chat with friends and staff" and "The staff and the food's good. I'm looking forward to dessert as I've a sweet tooth."

5.2.3 Management of the Environment and Infection Prevention and Control

The home was comfortably warm, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. There were clocks, pictures and photographs throughout the home.

The treatment room and cleaner's store were observed to be appropriately locked.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The person in charge told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, all visitors to the home had a temperature check and a health declaration completed when they arrived at the home and any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment were in place.

Visiting and Care Partner arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

Staff treated patients with respect and consideration by offering choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Visiting

arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

Progress towards compliance regarding FTC notices was observed in relation to the provision of meaningful engagement and activities for patients.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Staff and patients confirmed that activities were in place so as to provide positive and meaningful outcomes for patients.

Patients spoken with confirmed they were happy that more activities were being facilitated in the home. A patient described how she had won a bottle of perfume at bingo last week.

One patient said, "I enjoyed the jubilee party last week and I'm looking forward to Thursday as we have the Ark Farm animals coming in. There's a lot more going on now".

RQIA were advised that the organisations' Lifestyle Team have been assigned to address the provision of activities as there has been no activity coordinator in post for many months and that the position has been advertised. Staff told us an activity coordinator has been sent by the Lifestyle Team on a part time basis, to assist with activities for patients in the interim and had facilitated activities in the home during the past two weeks. The activity coordinator was not in the home during inspection but planned to visit the home for two days of the week to facilitate planned events. The person in charge advised a carer has also been assigned to assist, on occasion, with the provision of activities.

The monthly newsletter for April 2022 and posters advertising past and forthcoming events were on display and there was evidence that the patients had been consulted regarding the activities they would like to take part in. However; records of patients who attended planned activities showed gaps in the recording. This was discussed with the person in charge and will be reviewed again at the next inspection.

Two staff members commented:

"It's good to see that things are moving forward. I spoke with a relative recently who said she sees a change in her Mother for the better, due to more mental stimulation and engagement in activities" and "I'm glad to see more activities as the patients are happier and more content".

5.2.5 Management and Governance Arrangements

The home is currently the subject of enforcement action with RQIA due to breaches of The Nursing Homes Regulations (Northern Ireland) (2005). This included a failure to provide robust management arrangements in the home during the registered manager's absence. This inspection was conducted in response to additional information received from the South Eastern Health and Social Care Trust that there continues to be a lack of effective management arrangements within the home.

Concerns were identified regarding the lack of robust managerial oversight and governance arrangements, despite previous assurances from the responsible individual (applicant) of a manager being present in the home each week.

During the inspection, it was established that staff remained unclear who was in day to day operation of the home. The manager's hours were not included on the duty rota and there was no record in the home of the dates they had previously worked. Staff stated they did not know when the manager was due to arrive in the home. The person in charge on the day of inspection advised that they would be in charge of the home until the manager returned.

At the time of the inspection there were no clear arrangements of who the person in charge of home should contact, in the absence of the manager on their days off, out of hours and at the weekends. Although contact details of the manager and regional director were available to staff, there was no duty rota in place to inform staff who was on call. This lack of clear direction has resulted in the person in charge being contacted by staff on numerous occasions when not on duty.

Monthly monitoring reports were initially unavailable but were provided by the management team on request.

Review of completed monthly monitoring reports evidenced that action plans were not robustly completed so as to identify deficits and drive the necessary improvements within the home.

In addition, there were no quality assurance audits available to view in relation to various aspects of care delivery and there was a lack of robust and alternative arrangements in place in the absence of the manager.

Some improvements were noted in the communication between management and staff. The person in charge advised that weekly clinical governance meetings were held for trained staff and that daily 'flash' meetings had commenced to inform staff of any changes in patient care which give them the opportunity to discuss any concerns.

A staff meeting was held on 27 April 2022; however the meeting minutes were unavailable to view. RQIA requested a copy of the minutes to be forwarded following the inspection. They were not received at the time of writing this report. This area for improvement has been partially met and has been stated for a second time.

It was positive to note that a relative/patient representative meeting was held on 4 May 2022 where attendees were updated on the home's progress and given the opportunity to discuss any concerns with senior management.

The person in charge advised that a patient meeting has yet to take place but will be arranged for June 2022.

A system was in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. One notifiable incident had not been reported to RQIA. This was discussed with the manager, post inspection, for action and review.

Progress was identified in relation to managerial oversight regarding the quality of the home's environment. During the inspection, painters were observed decorating bedrooms and planned to be in the home for a week. Discussion with a contractor confirmed work had commenced in an identified shower room that was in a state of significant disrepair and it was hoped the work would be completed within the next week.

RQIA is concerned that given the deficits noted during this inspection, there remains a lack of effective managerial oversight in order to identify shortfalls and drive any necessary improvements within the home.

The shortfalls identified regarding managerial oversight and governance arrangements were discussed with Mrs Christine Chapman, Responsible Individual (Applicant), post inspection, who advised us she would address the concerns raised.

The quality of services provided in Abbey View will be closely monitored by RQIA and reviewed on the date of compliance in respect of the FTC Notices on 25 June 2022.

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 and the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

* Two areas for improvement under Regulation have been carried forward for review at the next inspection. One area for improvement under the standards was partially met and is stated for a second time.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the person in charge during the inspection and with Mrs Delma Dela Cruz, manager, on 8 June 2022, as part of the inspection process.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) (d) (j) Stated: Second time To be completed by: 30 July 2021	<p>The registered person shall ensure that the premises are of sound construction, are kept in a good state of repair and facilities in the identified shower room are in good working order, are clean and reasonably decorated.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1 & 5.2.5</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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'.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at a minimum quarterly and records are kept to include: the date of the meeting, the names of those attending, minutes of discussions and any actions agreed.</p> <p>Ref: 5.1 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Minutes had not been available in the home at time of inspection, these have now been submitted and are held in the home. Further meetings have been held and records are available.</p>

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