



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 January 2020



Abbey View

Type of Service: Nursing Home
Address: 48 Newtownards Road, Bangor BT20 4BP
Tel no: 02891469644
Inspector: Joanne Faulkner

www.rqia.org.uk

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 provides care for up to 25 patients.

3.0 Service details

Organisation/Registered Provider: Maria Mallaband Responsible Individual: Victoria Craddock	Registered Manager and date registered: Tiago Moreira 23 May 2018
Person in charge at the time of inspection: Tiago Moreira	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: 22

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 10.00 hours to 17.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Abbey View which provides nursing care.

The inspection assessed progress with all areas for improvement identified in the home 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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Areas for improvement in respect of previous pharmacy inspection were not reviewed as part of this inspection and have been carried forward to the next care inspection.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care. Staff demonstrated that they had a good understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

Three areas requiring improvement were identified in relation to management of incidents, maintenance/replacement of equipment and records management.

Patients described living in the home as being a good experience/in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	1	*5

*The total number of areas for improvement includes two which have been stated for a second time and one which have been carried forward for review at the next care inspection.

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

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

4.2 Action/enforcement taken following the most recent inspection dated 1 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 October 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. One patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 23 December 2019 to 12 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for October and December 2019
- staff training matrix
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 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
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered provider shall provide to RQIA an action plan detailing the continuous improvements for the décor of the home.	Not met

	Action taken as confirmed during the inspection: An action plan was not provided to RQIA and was not available during the inspection. This area for improvement was assessed as not met and will be stated for a second time.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • Tiling in a disabled toilet upstairs is completed. • The corridor upstairs should be repainted. • The ceiling in the laundry should be made good and repainted. 	Partially met
	Action taken as confirmed during the inspection: It was identified that the tiles in the identified disabled toilet had been replaced. There was evidence that the repainting of the first floor corridor had commenced. However, it was identified that the ceiling in the laundry had not been repaired. This area for improvement was assessed as partially met and will be stated for a second time.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	The registered person shall closely monitor the administration of Ebixa solution.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not assessed as part of this inspection and is carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home; the home is managed by the manager who was registered in May 2018. On the date of inspection the certificate of registration was on display and reflective of the service provided. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations.

There was evidence of an organisational structure within the home. The manager is supported by a clinical lead nurse, and a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes housekeeping, laundry, maintenance and kitchen staff.

Discussions with the manager, staff, patients and relatives, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. Discussions with a number of patients and relatives during the inspection identified that they had no concerns about the level of care and support received.

The manager described how staffing levels are regularly reviewed to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

Staff rota information viewed indicated that the care is provided by a core staff team; it was felt that this supports the home in ensuring continuity of care to patients. Staff stated that they felt that continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. The inspector discussed with the manager the need to ensure that the full name of staff is recorded on the rota information.

Staff who spoke with the inspector had an understanding of their roles and responsibilities. A number of healthcare assistants discussed concerns they had in relation to recent changes in their job role; this was discussed with the registered manager who stated that this matter would be discussed at the next staff meeting.

Discussions with patients and relatives demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They stated that the manager and staff are approachable and always willing to take time to speak with them.

Discussions with staff and observations made demonstrated that staff had a good understanding of the individual assessed needs of patients and could describe the importance of respecting patients' personal preferences and choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. During the inspection call bells were noted to be answered promptly. Interactions between staff and patients were observed to be compassionate and appropriate; there was evidence that patients were offered choice. Staff were observed taking time to sit and chat to patients and provided care in a manner that promoted privacy, dignity and respect.

Patients and relatives spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We reviewed staff training information and noted that the majority of staff had completed the required training. Training compliance is reviewed monthly as part of the quality monitoring process.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, the lounge areas, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were alarmed as appropriate.

We noted that the décor in some of the shared areas of the home is in need of redecoration; a number of the walls were observed to have marks on the paintwork or torn wallpaper. The entrances doors at the front of the home were marked/damaged. A piece of furniture in the downstairs lounge was noted to be damaged. In addition it was noted that a number of chairs in the first floor lounge were in need of replacement due to general wear and tear of the fabric and to ensure that they could be cleaned in accordance with infection control good practice guidance. One of the shower rooms was noted to be out of use due to a fault with a recently installed shower.

The manager stated that they are in the process of redecorating the entrance area of the home and a number of the corridors/shared areas, and are addressing matters identified in relation to the laundry area and one of the first floor shower rooms. They discussed the challenges in accessing appropriately skilled persons to complete the work/repairs. The manager stated that following the last inspection the plan was to replace two of the fabric chairs per month; however it was noted that this had not been actioned since the last inspection and no new chairs had been provided.

Following the last inspection the registered provider was requested to provide an action plan to RQIA detailing the continuous improvements planned for the redecoration of the home; this was not received and will be stated for a second time. We discussed with the manager the need for a detailed action plan to be developed and forwarded to RQIA as outlined in the QIP; the plan should include details of the timescales by which the work is to be completed.

The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients. A number of shared areas and the staff office were noted to be cluttered; we discussed with the manager the need for a general tidy of all areas identified within the home.

There were no malodours detected in the home. A supply of gloves and aprons were readily available to staff throughout the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Sluice doors were noted to be locked. It was identified that a crash mat in one of the patients' rooms was damaged and needed replaced. In addition a commode chair was noted to be damaged; this was discussed with the manager and an area for improvement identified.

It was noted that there was information available in the entrance area of the home relating to infection control, making a complaint, raising concerns, and activities planned within the home.

6.2.3 Care records

It was identified that staff are in the process transferring care records to an electronic system. The review of care records for two patients identified that they were individualised to the needs of the person. Records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans.

Care plans viewed were noted to provide details of the care required by individual patients. Staff record daily the care provided to patients. Staff described the benefits of regular reviews for ensuring that the needs of patients were being appropriately met and that risks are identified. There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients and relatives, and observations made provided assurances that care is provided in an individualised manner. Staff described how they support patients to be involved in all aspects of their care.

The home has a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients' weights are recorded regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of speech and language therapy and dietetic input into the assessment and care planning of patients if required.

The manager stated that they are currently in the process of archiving information; we discussed with the manager the need to ensure that the required information is available for inspection.

6.2.4 Dining experience

We observed the serving of mid-morning tea and the lunchtime meal; staff serving the mid-morning refreshments did so in a relaxed and unhurried manner taking time to chat to the patients.

The atmosphere in the dining room during the service of the mid-day meal was calm and relaxed. The dining room was clean and table settings were noted to be well presented with appropriate, napkins and cutlery; the manager stated that condiments are offered to patients when their food is served. Food served was well presented. Staff were observed offering and providing assistance in a discreet manner when necessary. Food was covered when being transferred from the dining room to patients who had chosen to eat in the bedrooms.

A number of patients spoken with stated that the food was good and that they got enough food; they confirmed that they had a choice of menu. A comment made by one patient in relation to an individual preference was discussed with the manager; they provided assurances that they would ask the chef to speak to the patient in relation to their likes and dislikes.

6.2.5 Activities

On the day of the inspection a number of patients were being supported to participate in an outing to a local shopping centre; patients spoke positively about this experience and stated that they enjoyed getting out of the home environment. There was evidence that a varied programme of activities is available to patients including art, religious services and music.

6.2.6 Complaints

A review of complaints records evidenced that there had been no complaints received since the previous inspection. A record is retained for complaints received and audited monthly as part of the quality monitoring audit process.

6.2.7 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding since the last care inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided.

Staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.8 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that on a number of occasions the record did not contain details of those individuals who had been notified of the incident/accident, therefore it was difficult to determine if the appropriate stakeholders had been informed of incidents having occurred. The manager discussed the challenges in contacting keyworkers from the South Eastern HSCT due to ongoing staff changes within the trust; we discussed with the manager the need to contact a senior manager in the HSCT to resolve this matter. In addition it was noted that a number of records had been archived and were not available in the home. Two areas for improvement have been identified.

6.2.9 Consultation

During the inspection we spoke to seven patients, small groups of patients in the dining room or lounge areas, two relatives and six staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with others.

Patients' comments:

- "Lovely wee girls, nothing is a trouble."
- "I am happy, the food is good and you get what you want."
- "I have no problems, they look after you."
- "Staff all very nice."
- "Food is great, you get too much."
- "No problems at all; we are both happy, they (staff) look after you and do anything you ask."
- "Staff are very good, they come when I buzz."
- "Staff help me with anything. The food can be a bit repetitive."

Staff comments

- "Happy here, manager is approachable; it is a good place to work and has a homely atmosphere."
- "It is busy; we are trying to get all the care records online."
- "Patients are safe and well cared for."
- "We have enough staff."
- "Patients have choice."
- "Paperwork is too much; we are trying to go paperless."

- “No concerns.”
- “Patients are safe and well looked after; I just love them.”
- “Care staff work well together.”
- “I have worked here for 23 years, I love it here.”
- “Staff morale is low at the minute; last few months poor relationships between staff.”

Comments made by a number of staff members in relation to changes in their roles and responsibilities and relating to staff morale was discussed with the manager. It was agreed that these matters would be discussed with all staff during the forum of a staff meeting and individual staff supervision meetings.

Relatives' comments:

- “Happy with the care mummy gets.”
- “Think the place needs a bit of redecorating; it is a bit tired looking.”
- “Staff are good.”
- “Can speak to the manager if I have a problem.”

Patients and relatives indicated that staff were friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas; they were encouraging and supporting the patients to be involved in an organised activity. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed, welcoming atmosphere in all areas within the home.

Discussion with patients, relatives, the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided for distribution to the patients and/or their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

Comments received:

“Very happy with Abbey View; nothing is too much trouble and activities keep my mum engaged.”

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; two responses were received prior to the issuing of this report. One respondent indicated that they were satisfied that care was safe, effective and compassionate and the service was well led. However, one of the respondents indicated that they were very unsatisfied that the service was well led. One comment made in relation to the home environment was discussed with the manager prior to issuing the report.

6.2.10 Governance arrangements

The home has implemented a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. A comprehensive action plan is generated to address any areas for improvement. The records indicated engagement with patients, and where appropriate their representatives; the inspector discussed the benefits of recording comments made by those people engaged with.

Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding referrals, environmental matters, wound management and complaints.

The manager stated that they record the actions taken in relation to the identified areas for improvement outlined within the reports; they stated that they discuss outstanding matters with their senior manager.

6.2.11 Medication

It was identified that one patient has requested to manage and administer their own medication. We discussed with the manager the need to ensure that this arrangement is discussed with the patient's HSCT keyworker and the appropriate risk assessments and robust care plans are in place. In addition we discussed the need for the manager to ensure that all medication retained in the home is stored safely and securely and in accordance with the standards and regulations and a risk assessment completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

Three areas requiring improvement were identified during this inspection in relation to management of incidents, maintenance/replacement of equipment and records management.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19. (2)(b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that records referred to in paragraphs (1) and (2)- (b) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: All records are available for consultation on site at all times.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: 6 March 2020	<p>The registered provider shall provide to RQIA an action plan detailing the continuous improvements for the décor of the home.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Action plan with details of improvement and time scales for the decoration of the home provided to RQIA</p>
Area for improvement 2 Ref: Standard 44 Stated: Second time To be completed by: 6 April 2020	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • The corridor upstairs should be repainted. • The ceiling in the laundry should be made good and repainted. <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Work is arranged to take place on the 16th of March</p>
Area for improvement 3 Ref: Standard 44.8 Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	<p>The registered person shall ensure that the premises, engineering plants and care equipment are kept safe and suitable and maintained in line with the relevant statutory requirements, approved codes of practice and the manufacturers' and installers' instructions.</p> <p>This relates specifically to the damaged equipment identified during the inspection.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Damaged equipment has been repaired and serviced and is available for use.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that all accidents, incidents, communicable diseases and deaths occurring in the nursing home are reported to the RQIA and other relevant organisations in accordance with legislation and procedures and a record is maintained.</p> <p>This relates specifically to a record being maintained of those organisations informed following the occurrence of an accident/incident.</p> <p>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: Record of the incidents notified to RQIA and other relevant authorities are now available at all times in the care home</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 7 July 2018</p>	<p>The registered person shall closely monitor the administration of Ebixa solution.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Regular audit of the administration of Ebixa is being carried out to ensure the correct administration of the same.</p>

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



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