



Unannounced Care Inspection Report 17 September 2020



Abbey View

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

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 nursing home registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Maria Mallaband Ltd Responsible Individual: Victoria Craddock	Registered Manager and date registered: Agnes Jainar – registration pending
Person in charge at the time of inspection: Agnes Jainar	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: 24

4.0 Inspection summary

An unannounced inspection took place on 17 September 2020 from 10.20 to 18.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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:

- the environment/Infection Prevention and Control
- staffing and care delivery
- patients' records
- governance and management.

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	*6

*The total number of areas for improvement includes one which has been stated for a third and final time, one which has been partially met and one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Agnes Jainar, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

It was noted during the care inspection that there had been a change to existing managerial arrangements within the home of which RQIA were unaware. It was further noted that improvements were required in regard to the internal environment and infection prevention and control practices which raised concerns that the quality of care and service within Abbey View falls below the standards expected. These findings were shared with the manager at the conclusion of the inspection. Refer to section 6.2.1 and 6.2.4 for further details.

As a result of these concerns Victoria Craddock, Responsible Individual and Agnes Jainar, Manager were invited to attend a meeting with RQIA on 2 October 2020. Tina Chapman, Regional Director representing the Responsible Individual, and Agnes Jainar attended the meeting. A reviewed action plan was requested by RQIA to be received on or before 30 October 2020, with details of the completed/planned actions to drive improvement and to ensure concerns raised at the inspection have been addressed. RQIA will continue to monitor and review managerial arrangements, the internal environment, infection prevention and control practices and the quality of services provided in the home.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with eight patients individually and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No staff responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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

The following records were examined during the inspection:

- duty rotas from 7 to 20 September 2020
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two patients' care records.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2020.

Areas for improvement from the last care inspection		Validation of compliance
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	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. Ref: 6.2.8	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of a selection of incident/accident records evidenced that they were available for inspection. Review of the incident/accident log from 8 to 28 August 2020 evidenced that the appropriate bodies had been notified. This improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: Second time	The registered provider shall provide to RQIA an action plan detailing the continuous improvements for the décor of the home. Ref: 6.1	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of an action plan detailing improvements for the décor of the home received by RQIA on 6 March 2020, evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 44 Stated: Second time	The registered person shall ensure that: <ul style="list-style-type: none"> • The corridor upstairs should be repainted. • The ceiling in the laundry should be made good and repainted. Ref: 6.1	Not met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the first floor corridor evidenced that it had not been repainted. It was noted that the hole in the ceiling in the laundry has not been repaired or repainted. This improvement has not been met and will be stated for a third and final time. See Ref: 6.2.1 for further details.	

<p>Area for improvement 3</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p>	<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>See Ref: 6.2.1 for further details.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and observation of the ground floor lounge evidenced that the identified damaged furniture has been replaced. It was noted that the fault identified in a recently installed shower has been addressed and the shower room is now in use. However, observation of three chairs in the home evidenced that they have not been replaced and were in poor condition. This improvement has been partially met and will be stated for a second time.</p> <p>See Ref: 6.2.1 for further details.</p>	<p>Partially met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35.9</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of a selection of notifications to RQIA and the incident/accident log from 8 to 28 August 2020 evidenced that the appropriate bodies have been notified. This improvement has been met.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 28 Stated: First time	The registered person shall closely monitor the administration of Ebixa solution. Ref: 6.1	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area for improvement was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. It was noted that the cleaner's store was locked appropriately.

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.

It was noted that bedrooms and shared areas of the home is in need of redecoration. Walls were observed to have marks on the paintwork or torn wallpaper. Doors throughout the building and the entrance doors at the front of the home were marked and scratched. The walls of the floor corridor were observed to be repaired with filler but had not been painted and it was noted that the hole in the laundry ceiling has not been repaired and repainted. Observation of the iron roller machine in the laundry evidenced that the laundry feed bar was broken and had been removed. This was discussed with the manager who advised she would contact the contractor to have it repaired. The manager advised that arrangements would be made for an appropriately skilled person to complete the work and repairs regarding redecoration of the home as this area for improvement will be stated for a third and final time.

It was observed that three chairs were stained and in need of replacement in order to ensure that they could be cleaned in accordance with infection control good practice guidance. A chair in the ground floor lounge and a chair in the first floor foyer were seen to have no cushions. In the first floor lounge a chair was observed to have an uncovered foam cushion with the netting exposed. This was discussed with the manager as this area for improvement has been partially met and will be stated for a second time.

On inspection of the ground floor lounge and two bathrooms in the home, it was observed that they were cluttered with inappropriately stored items and equipment. One bathroom was noted to have a shower chair, two commodes, a perching stool and two bottles of products used for personal grooming that had the potential to be used communally. This was discussed with the manager and an area for improvement was identified.

Pull cords in bathrooms throughout the home were seen to be uncovered and could not be effectively cleaned in order to adhere to infection prevention and control best practice. This was discussed with the manager and an area for improvement was identified.

Information displayed in the foyer, the dining room and corridors of the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

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

6.2.2 Staffing and care delivery

A review of the staff duty rota from 7 to 20 September 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

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. We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

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

We observed the serving of the lunchtime meal. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks and how to modify fluids.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Abbey View. We also sought the opinion of patients and their representatives on staffing via questionnaires. Two patient questionnaires were returned within the timescale specified and both indicated that they did not have any concerns regarding staff or staffing levels.

Five patients commented:

"The staff and food's good. I have no concerns."

"This was a good move for me. The staff are pleasant. I like them and we get on well."

"All's good. The staff and food is good. I enjoy breakfast and they (staff) will get me what I request."

"The staff are good and I enjoy the food."

"All my needs are met. The staff are good and I've no concerns."

The clinical nurse advised that patient visits were facilitated in the garden area or by window visits in order to keep patients and their visitors safe while adhering to government guidelines regarding social distancing during the pandemic.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

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. The manager advised that 'flash' meetings are held to inform staff of any current changes.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Cards and letters of compliment and thanks were received by the home. Some of the comments recorded included:

"Abbey View nursing home has been fantastic during the current virus pandemic and I appreciate the measures which were in place."

"We as a family are very happy with the way the home has been looking after her. The staff are great."

6.2.3 Patient records

Review of two patients' care record evidenced that care plans regarding falls management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed. Central Nervous System (CNS) observations had been conducted and monitored for 24 hours following a head injury or an unwitnessed fall.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. 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), SALT or the dietician.

6.2.4 Governance and management

Since the last inspection there has been a change to existing managerial arrangements within the home of which RQIA were unaware. This was discussed with the manager who advised that she would contact senior management to ensure that an application would be completed. This was received by RQIA 5 October 2020. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

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).

We discussed the provision of mandatory training with 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. Records viewed from 16 March to 13 September 2020 evidenced that staff had attended training regarding adult safeguarding, the safe and effective use of personal protective equipment (PPE) including donning and doffing and infection prevention and control (IPC).

Discussion with the 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, medications and infection prevention and control (IPC) practices. It was noted in order to comply with infection prevention and control policies, procedures and best practice guidance, that a robust hand washing audit requires to be developed. This was discussed with the manager and an area for improvement was identified.

We reviewed accidents/incidents records from 10 February to 14 July 2020 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 manager and review of records from 3 August 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Two staff members commented:

"The new manager will be good for us."

"Agnes (manager) is approachable. I hope she settles in and stays with us."

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, regarding the cleanliness of the environment and the personalisation of the patients' bedrooms. Good practice was found in relation to risk management, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

Four new areas of improvement were identified regarding infection prevention and control (IPC) to ensure that notices displayed in the home are laminated, that all pull cords are covered, in relation to the appropriate storage of items and equipment and regarding the development and implementation of a robust hand washing audit tool.

	Regulations	Standards
Total number of areas for improvement	*1	*6

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment.

Measures had been put in place in relation to Infection Prevention and Control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding good working relationships.

Correspondence from the manager on 18 September 2020 advised that chairs that were not fit for purpose have been discarded and areas identified on inspection had been decluttered. All signs have been laminated. An out of order notice has been placed on the iron roller machine in the laundry and the contractor has been contacted to repair it. The manger advised on 15 October 2020 that a hand washing audit tool has been implemented and all staff have completed supervision on 8 October 2020.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Agnes Jainar, 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 13 (7) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Notices displayed throughout the Home which does not comply with the IPC measures were taken down immediately and replaced with a laminated notices to minimize the risk and spread of infection.</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: Third and final time To be completed by: 29 January 2021	<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 and 6.2.1</p> <p>Response by registered person detailing the actions taken: Refurbishment for both floor's corridor and Laundry area scheduled to commence on 1st week of December. Delayed due to Covid restrictions and Contractors availability.</p>
Area for improvement 2 Ref: Standard 44.8 Stated: Second time To be completed: With immediate effect	<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: 6.1 and 6.2.1</p> <p>Response by registered person detailing the actions taken: The damaged equipment identified during the inspection has been repaired and now in good working condition. Management ensures that the premises, engineering plants and care equipments are kept safe and fit for purpose.</p>

<p>Area for improvement 3</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> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that areas identified on inspection are decluttered and that equipment is appropriately stored to minimise the risk of infection for staff and patients.</p> <p>Ref: Section 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Whole Home as has been decluttered and any equipments deemed not fit for purpose were disposed ensuring the Home complies with IPC and minimize the risk of infection for staff and residents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that all pull cords throughout the home are fitted with washable covers in order to adhere to infection prevention and control best practice.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All pull cords throughout the Home are now fitted with washable covers</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that a robust hand washing audit tool is developed to comply with infection prevention and control policies, procedures and best practice guidance.</p> <p>Ref: Section 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Hand washing audit introduced immediately and completed for all the staff by 1st week of October. A random audit with the staff is in place every month ensuring Home complies with IPC and adhering with best practice guidelines.</p>

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



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