

# Inspection Report

27 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

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Maria Mallaband Ltd<br><br><b>Responsible Individual:</b><br>Mrs Christine Chapman (Applicant)   | <b>Registered Manager:</b><br>Mrs Delma Dela Cruz - acting                                      |
| <b>Person in charge at the time of inspection:</b><br>Ms Georgeana Tarabuta – Deputy Manager   | <b>Number of registered places:</b><br>25   |
| <b>Categories of care:</b><br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years.<br>TI – Terminally ill.             | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>19 |
| <b>Brief description of the accommodation/how the service operates:</b><br>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 27 June 2022 from 09.45 am to 5.55 pm by a care inspector.

Enforcement action resulted from the findings of a 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 was 25 June 2022.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. 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. The inspection evidenced that management within the home had taken appropriate action to comply with the FTC notice under Regulation 13 (1) (a)(b).

The outcome of the inspection evidenced that 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. Insufficient progress had been made to comply with the FTC notices under Regulation 10 (1) and Regulation 29 (1) (2) (a)(b)(c) (3) (4) (a)(b)(c). An Enforcement Decision Meeting was held by RQIA on 28 June 2022 and it was decided that the compliance date for both FTC notices would be extended to 25 July 2022.

Three areas for improvement on the Quality Improvement Plan (QIP) regarding fitness of the premises and that staff meetings take place on a regular basis were reviewed and assessed as met. An area for improvement regarding fire risk assessment was not reviewed and has been carried forward for review at the next inspection.

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.

The findings of this report will provide the Manager and Responsible Individual (Applicant) 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 Ms Georgeana Tarabuta, Deputy Manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

During the inspection we spoke with four patients individually, with small groups of patients in the dining room, three patients' relatives and eight staff. 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. They also told us planned activities offered to them were much improved and that they had enjoyed a variety of new experiences and activities.

Patients relatives spoken with said communication from senior management had improved and that their relatives' personal care was regularly attended to and they were 'well turned out.'

Staff said that they had concerns regarding the availability of a full time manager. Staff told us they were committed to the patients, cared about them and strived to provide the best care they could but reported low morale due to ongoing inconsistent staffing levels. Staff told us that the quality of communication between staff and senior management had improved.

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 7 June 2022  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005                  |  | Validation of compliance |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Regulation 27 (2) (b) (d) (j)<br><br><b>Stated:</b> 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. | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Review of the identified shower room evidenced that it has been refurbished and was in good working order, clean and well decorated.                                |                          |

|  |  |   |
|--|--|---|
| <b>Area for Improvement 2</b><br><br><b>Ref:</b> Regulation 27 (4)(a)<br><br><b>Stated:</b> First time | <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> <p><b>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.</b></p>  | <b>Carried forward to the next inspection</b> |
| <b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>          |  |   |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Standard 41<br><br><b>Stated:</b> Second time         | <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><b>Action taken as confirmed during the inspection:</b><br/>Review of records evidenced that a meeting was held on 27 April 2022. The meeting minutes were available to view.</p> | <b>Met</b>                                    |
|  |  |   |

## 5.2 Inspection findings

**FTC Ref:** FTC000179

### **Notice of failure to comply with regulation 10.-(1) of *The Nursing Homes Regulations (Northern Ireland) 2005***

Registered person: general requirements

*The registered provider and the registered Manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.*

**In relation to this notice the following seven actions were required to comply with this regulation:**

The responsible individual (applicant) must ensure that:

- A Manager is appointed for the duration of the registered Manager's absence who shall, having regard to the size of the nursing home, the Statement of Purpose, and the number and needs of the patients, manage the nursing home with sufficient care, competence and skill

- A robust induction process is commenced for the acting Manager and kept under regular and meaningful review by the Responsible Individual (Applicant)
- A comprehensive programme of audits is maintained to effectively review the quality of care delivery and service provision within the home; these audits should include but not necessarily be limited to: infection prevention and control practices, wound care, and patients' weights
- All notifiable incidents are reported to RQIA in a timely manner and in keeping with Regulation
- There is a robust system in place to ensure that the quality of the premises is regularly reviewed and that deficits are identified and effectively responded to in a timely manner
- A robust system is in place which facilitates the Manager regularly reviewing the dependency of patients so as to inform staffing arrangements within the home
- Arrangements are in place which facilitates the Manager effectively monitoring and managing staffing arrangements within the home on a daily basis so as to ensure the provision of safe, effective and compassionate care to patient.

### **Action taken by the registered persons:**

Evidence in relation to the seven action points outlined in the Failure to Comply Notice was gathered to establish if Abbey View had complied with the Regulation. The following was established in relation to each action:

While an acting manager had been appointed for the duration of the registered manager's absence, managerial and governance oversight remained inconsistent with the acting manager currently not available in the home on a daily basis. We were advised that a newly appointed manager had been due to commence duty in the home on the day of inspection but that this arrangement had been postponed until 4 July 2022. We were advised that the Deputy Manager would manage the home in the interim. Senior Management were in the home to support the Deputy Manager during the inspection.

- Records requested of a robust induction process for the acting Manager were unavailable to view.
- A programme of audits was maintained to review the quality of care delivery and service provision within the home; these audits included: infection prevention and control practices including hand hygiene, care plans, patients' weight, wounds, home first impression/environmental audit completed June 22. The Deputy Manager advised she now has computer access to check audits and also keeps her own records regarding patients' weight. Action plans had not been completed or signed off.
- Generally notifiable incidents were reported to RQIA in a timely manner and in keeping with Regulation. However, it was noted that an estates issue had been appropriately acted upon at the time but it had not been reported to RQIA. Notification was requested and received post inspection.
- A home first impression/environmental audit had been completed for June 22 to ensure that the quality of the premises is reviewed and that deficits are identified. It was noted that the action plan had not been completed.
- A system was in place which facilitates the Manager to regularly review the dependency of patients so as to inform staffing arrangements within the home. The patient dependency tool was noted to be completed on 17 April 2022.

- The Manager was unable to effectively monitor and manage staffing arrangements within the home on a daily basis as she was not always available on site due to working patterns. The Deputy Manager informed us she completes the off duty rota and manages staff in the manager's absence and reports any concerns to the manager.

**Not all actions have been assessed as met, therefore compliance has not been achieved with this FTC notice.**

**FTC Ref:** FTC000180

**Notice of failure to comply with regulation 13.-(1) (a) and (b) of *The Nursing Homes Regulations (Northern Ireland) 2005***

***Health and welfare of patients***

- (1) The registered person shall ensure that the nursing home is conducted so as –*
- (a) to promote and make proper provision for the nursing, and health and welfare of patients;*
  - (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.*

**In relation to this notice the following ten actions were required to comply with this regulation:**

The Responsible Individual (Applicant) must ensure that:

- Patients' intimate care, personal care and grooming needs are regularly assessed and met; and contemporaneous nursing records are kept of all such activities and procedures carried out in relation to each patient. Any variance from patients' care plans in this regard will be recorded with reasons and outcomes documented; this includes but is not limited to the provision of showers/baths to patients
- Patients' dining experience is managed in line with current best practice; specifically, there are adequate numbers of staff present when meals are served to ensure that: risks associated with patients eating and drinking are effectively managed; and patients are provided with assistance when eating and drinking, as needed
- Patients are enabled to have their meal served in either the dining room or their bedroom in keeping with personal preferences; patients' dining experience will allow for meals to be enjoyed in the presence of other patients in keeping with personal preferences; the dining experience shall be managed in a calm, relaxed and unhurried manner
- A programme of activities is planned and in place, and includes activities that are enjoyable, purposeful and age and culturally-appropriate and takes account of patients' physical and emotional needs and interests. It promotes healthy living, is flexible and responsive to patients' changing needs and facilitates social inclusion including but not limited to community events
- The programme of activities is displayed in a suitable format and in an appropriate location so patients know what is scheduled
- There are opportunities for informal activity and interaction between staff and patients. Patients who are unable or do not wish to participate in group activities are supported with one-to-one activities
- There is evidence that the programme and the individual activities are evaluated regularly to ensure they are enjoyable, appropriate and suitable for patients. This includes evidence of engagement with patients and those delivering the activity or event

- A record is kept of all activities that take place, the names of persons leading each activity and the patients who participate
- Patients are given opportunities to experience a supportive and homely environment as much as possible; this includes but is not limited to: ensuring that daily routines are flexible and responsive to patients' individual preferences, expectations and capabilities
- The culture of the home is based on patient centred care and which promotes patient engagement and participation; this includes but is not limited to: seeking the views and opinions of all patients and their next of kin/representative about the running of the home; this information will be used in a meaningful way to identify any deficits and drive necessary improvements.

#### **Action taken by the registered persons:**

Evidence in relation to the ten action points outlined in the Failure to Comply Notice was gathered to establish if Abbey View had complied with the Regulation. The following was established in relation to each action:

- Review of patients' shower/bath records and discussion with patients evidenced that patients' intimate care, personal care and grooming needs are regularly addressed and met; contemporaneous nursing records were kept of all such activities and procedures carried out in relation to each patient.
- Observation of the patient dining experience and discussion with patients evidenced that it is managed in line with current best practice; specifically, there are adequate numbers of staff present when meals are served to ensure that: risks associated with patients eating and drinking are effectively managed; and patients are provided with assistance when eating and drinking, as needed.
- Patients told us they are offered the choice of where they would prefer to have their meals and that they are enabled to have their meal served in either the dining room or their bedroom in keeping with personal preferences; observation and discussion with patients of the lunchtime meal evidenced that patients' enjoyed being in the presence of other patients in keeping with personal preferences; the dining experience was observed to be managed in a calm, relaxed and unhurried manner.
- Observation of the weekly activity planner and discussion with patients evidenced that the programme of activities is planned and in place, activities were noted to be enjoyable, purposeful and age and culturally-appropriate taking account of patients' physical and emotional needs and interests. It promotes healthy living, is flexible and responsive to patients' changing needs and facilitates social inclusion including but not limited to community events.
- The colourful, programme of activities was observed to be displayed in a suitable format in the reception area of the home and also on the notice board on the first floor so that patients know what is scheduled.
- Review of patient records evidenced that there are opportunities for informal activity and interaction between staff and patients. Patients who are unable or do not wish to participate in group activities were noted to be supported with one-to-one activities.



- RQIA were advised that the organisations' Lifestyle Team have been assigned to review and address the provision of activities as there has been no activity coordinator in post for many months and that the position has been advertised. An activity coordinator was appointed by the Lifestyle Team on a part time basis, to assist with activities for patients in the interim. The person in charge advised a carer has also been assigned to assist with the provision of activities. Records showed that patients were consulted on their preferences, likes and dislikes regarding activities they wished to attend. Patients spoken with advised that activities attended were enjoyable, appropriate and suitable.
- Information reviewed showed that records are kept of all activities that take place, the names of persons leading each activity and the patients who participate.
- Patients and staff spoken with advised they are given opportunities to experience a supportive and homely environment as much as possible; this includes but is not limited to: ensuring that daily routines are flexible and responsive to patients' individual preferences, expectations and capabilities.
- Engagement with patients, their next of kin/representatives and staff via meetings and consultation during the monthly monitoring visits, by the registered provider, evidenced the culture of the home is based on patient centred care that promotes patient engagement and participation; this includes but is not limited to: seeking the views and opinions of all patients and their next of kin/representative about the running of the home.

**As all actions have been assessed as met, compliance has been achieved with this FTC notice.**

**FTC Ref:** FTC000181

**Notice of failure to comply with regulation 29.-(1) (2) (a) (b) (c), (3), (4) (a) (b) (c) of *The Nursing Homes Regulations (Northern Ireland) 2005***

***Visits by registered provider***

***Regulation 29.-***

- (1) Where the registered provider is an individual, but not in day-to-day charge of the nursing home, he shall visit the home in accordance with this regulation.*
- (2) Where the registered provider is an organisation or partnership, the nursing home shall be visited in accordance with this regulation by –*
- (a) the responsible individual or one of the partners, as the case may be;*
  - (b) another of the directors or other persons responsible for the management of the organisation or partnership; or*
  - (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the nursing home.*
- (3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.*
- (4) The person carrying out the visit shall –*
- (a) interview, with their consent and in private, such of the patients and their representatives and persons working at the nursing home as appears necessary in order to form an opinion of the standard of nursing provided in the home;*
  - (b) inspect the premises of the nursing home, its record of events and records of any complaints; and*
  - (c) prepare a written report on the conduct of the nursing home.*

**In relation to this notice the following four actions were required to comply with this regulation:**

The Responsible Individual (Applicant) must ensure that:

- Monthly monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Manager and/or Responsible Individual (Applicant)
- That monthly monitoring reports evidence meaningful and timely review by the Manager
- That monthly monitoring reports evidence consultation with patients and/or their representatives; and staff, so as to form an opinion of the standard of care provided within the home
- That a copy of monthly monitoring reports is maintained within the home and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation

**Action taken by the registered persons:**

Evidence in relation to the four action points outlined in the Failure to Comply Notice was gathered to establish if Abbey View had complied with the Regulation. The following was established in relation to each action:

- Monitoring reports were noted to be completed in keeping with Regulation; while action plans with target dates were in place evidence that improvements had been addressed and kept under meaningful review by the Manager and the Responsible Individual (Applicant) was unavailable to view.
- Evidence that monthly monitoring reports had been reviewed by the Manager in a meaningful and timely manner was unavailable to view.
- It was noted that monthly monitoring reports evidenced consultation with patients, their representatives; and staff, so as to form an opinion of the standard of care provided within the home.

Monthly monitoring reports for April and May 2022 were made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation.

**Not all actions have been assessed as met, therefore compliance has not been achieved with this FTC notice.**

## 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.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 1*          | 0         |

\* An area for improvement under Regulation has been carried forward for review at the next inspection.

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 Mr Robert Blackburn, Regional Director as part of the inspection process.

| Quality Improvement Plan  |   |
|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 27 (4)(a)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect | 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'.<br><br>Ref : 5.1 |
|   | <b>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.</b>  |

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



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