



Unannounced Care Inspection Report

29 April 2021



Abbey View

Type of Service: Nursing Home (NH)
Address: 48 Newtownards Road, Bangor, BT20 4BP
Tel No: 02891469644
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: 23

4.0 Inspection summary

An unannounced inspection took place on 29 April 2021 from 10.45 to 18.30 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	3	1

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.

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

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 six patients individually, a small group of patients in the lounge, one patient's representative and seven staff. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. Four patient questionnaires were returned within the timescale specified. 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 19 April 2021 to 2 May 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- incident and accident records
- compliment records
- complaint records
- five patients' care records
- two patients' reposition charts
- two patients' food and fluid intake charts
- two patients' weight records
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 medicines management inspection undertaken on 24 November 2020.

No new areas for improvement were identified at this inspection.

The outcome of the inspection concluded that one area for improvement regarding the décor of the home was carried forward for review at the next inspection.

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: Third and final 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. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of the first floor corridor evidenced that it has been repainted. It was noted that the hole in the ceiling in the laundry has been repaired. This area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all patients in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

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.

The doors to the treatment room, sluice room and activity store were locked appropriately in order to keep patients safe from potential harm. However, it was observed that a store cupboard on the first floor was unlocked and easily accessed. A number of hand sanitisation products were accessible and not stored securely that could cause potential risk to the health and welfare of patients. This was discussed with the manager and an area for improvement under regulation was identified.

The unlocked, store cupboard contained a number of prescribed supplements for patients on modified diets. These also were easily accessed and not stored securely and could cause potential risk to the health and welfare of patients. This was discussed with the manager and an area for improvement under regulation was identified.

It was noted that identified bedrooms of the home are in need of redecoration. Doors throughout the building and the entrance doors at the front of the home were marked and scratched. The hole in the laundry ceiling has been repaired but still requires to be repainted. This was discussed with the manager who advised that arrangements have been made with the painters currently working in the home, for the doors and the ceiling in the laundry to be repainted. This will be reviewed at the next inspection.

It was observed throughout the home that new armchairs had been purchased. However, an armchair in the first floor lounge was seen to be in disrepair. Both arms and the cushion of the chair were cracked making the chair difficult to be cleaned effectively in accordance with infection control best practice. This was discussed with the manager who advised she would address the issue. Correspondence from the manager on 10 May 2021 advised that the chair has been discarded.

Inspection of the first floor assisted bathroom, evidenced it was cluttered with inappropriately stored items and equipment such as the chair used to weigh patients, restricting access to the facilities. This was discussed with the manager who advised the equipment had been stored on a temporary basis while painters were working in the home. The manager advised that she would address the matter. Correspondence from the manager on 10 May 2021 advised that the assisted bathroom has been cleared and the weighing chair has been removed from the bathroom.

An issue regarding completion of work in the first floor shower room was identified as the room is currently out of use due to a leak. The manager advised that a leaking velux window in the shower room has been replaced but little progress has been made since January 2021 to fix a second leak, possibly coming from the shower. It was noted that walls have been stripped and wall tiles have been removed in preparation for redecoration. This was discussed with the aligned estates inspector of the home and the manager post inspection and an area for improvement under regulation was identified.

Pull cords in bathrooms throughout the home were seen to be covered and could be effectively cleaned in order to adhere to infection prevention and control best practice.

Information displayed in the foyer, the dining room and corridors of the home evidenced that it was laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice.

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 19 April 2021 to 2 May 2021 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. 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 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. Four patient questionnaires were returned within the timescale specified. All returned questionnaires indicated they were very satisfied that care was good, staff are kind and the home is well managed.

One patient questionnaire included the following comment:

"Very happy living in Abbey View."

Four patients spoken with commented:

"The staff are great and lunch was nice. I like to do as much as I can for myself. I know Agnes the manager. She's very good."

"I do like it here. The meals are lovely and the staff are kind and good."

“All’s ok. I’ve no problems.”

“I’m not here long. Lunch was nice and I’ve no concerns.”

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.

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 staff have made a very hard year more bearable for the residents and their relatives.”

“We are over the moon with the care which ... receives. She is very content and happy and well settled.”

A patients’ representative spoken with commented:

“I have no issues. The manager is approachable and communication regarding care changes is good. There is a booking system and this is my second visit. When I saw ... for the first time last week, she was well presented and comfortable in bed after a return from hospital.”

6.2.3 Patient records

Review of two patients’ care records evidenced that care plans regarding nutrition and choking risk 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.

Two patients’ care records were reviewed regarding pressure relief. It was noted that care plans and risk assessments were in place for the use of pressure relieving mattresses. However, it was observed that the mattress settings for both patients were not set in accordance with the manufactures guidance in relation to the patients’ weight. This was discussed with the manager and an area for improvement was identified.

A review of one patients’ care record evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bedrails, alarm mats. Care plans were in place for the management of bed rails.

Two patients’ reposition charts were reviewed and were found to be well documented.

Review of two patients' supplementary charts in relation to food and fluid intake were observed to be well maintained.

Weight records for two residents from 15 February 2021 to 25 April 2021 were reviewed and a system was observed to be in place to monitor residents' weight loss and weight gain.

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 dietitians. 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 no change in management arrangements. 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. On the day of inspection, staff training regarding first aid had been arranged. Records viewed on 29 April 2021 evidenced that staff had attended training regarding adult safeguarding, dementia awareness, moving and handling, infection prevention and control (IPC) and fire awareness.

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 care plans, falls, wounds and infection prevention and control (IPC) practices including hand hygiene.

We reviewed accidents/incidents records from 19 January 2021 to 8 April 2021 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 1 March 2021 to 31 March 2021 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 from January 2021 to March 2021 evidenced that systems were in place to ensure that complaints were managed appropriately.

The manager advised that patient and staff meetings were held on a regular basis while adhering to government guidelines in relation to social distancing. Minutes were available.

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:

"Agnes (manager) has helped us and made a lot of improvements."

"Agnes (manager) has done a lot of good work and is a great support to us. Redecoration of the home has lifted staff morale."

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 areas requiring improvement were identified. These related to the safe storage of products used for hand sanitation and supplements prescribed for patients, fitness of premises and the use of pressure relieving devices.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

Good progress was noted since the last unannounced care inspection on 17 September 2020, in relation to improvements required to the internal environment and infection prevention and control practices. However, an area for improvement was identified regarding completion of work in the first floor shower room.

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 patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Care partner arrangements were discussed with the manager who advised the home currently has a number of patients' representatives involved in the role of providing additional support.

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

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 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All chemicals are now securely stored to comply with COSHH in order to ensure residents are protected from hazards to their health.</p>
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that dietary supplements that are prescribed for patients are stored safely in a secure place at all times in order to protect the health and welfare of patients.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Resident's dietary supplements are now stored safely in order to protect the health and welfare of the residents.</p>
Area for improvement 3 Ref: Regulation 27 (2) (b) (d) (j) Stated: First time To be completed: 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>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Ongoing sourcing of other contractors to continue the refurbishment of the identified shower room.</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 23 Stated: First time To be completed: Immediate action required	The registered person shall ensure that pressure relieving mattresses are set in accordance with the manufactures guidance and in relation to the patients' weight. Ref: 6.2.3
	Response by registered person detailing the actions taken: Pressure relieving mattresses are now set and monitored in accordance with the manufactures guidance, in relation to patient's weight and careplan

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



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