

Inspection Report

12 January 2023



Abbey View Care Home

Type of service: Nursing

Address: 48 Newtownards Road, Bangor, BT2 4BP

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual: Mr John Paul Watson	Registered Manager: Ms Georgeana Tarabuta - not registered
Person in charge at the time of inspection: Ms Georgeana Tarabuta, Manager	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
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 25 patients. Patients' bedrooms are located over two floors. Patients have access to communal lounges and the dining room.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2023 from 09.55 am to 5.10 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery, governance arrangements and maintaining good working relationships.

This inspection resulted in no areas for improvement being identified.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, a patients' relative and staff are included in the main body of this report.

The findings of this report will provide the manager 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 Mrs Heather Murray, Group Quality & Development Manager and Ms Georgeana Tarabuta, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with three patients individually, small groups of patients in the dining room, a patients' relative and ten staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

A patients' relative spoken with commented: "The staff are perfect in every way. They are nice, friendly and thoughtful. She could not be in a better place as the care is excellent."

Following the inspection no responses to questionnaires were received from patients or their representatives and no staff questionnaires were received within the timescale specified.

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"With grateful thanks to you all for the care and kindness shown to ... and us her family and friends during her stay with you."

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 25 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (4) (a) Stated: Second time	The registered person shall ensure that the significant findings in the fire risk assessment have been addressed and signed-off accordingly. This will insure that the premises risk rating is reduced to 'Tolerable'.	Met
	Action taken as confirmed during the inspection: A subsequent fire risk assessment for the premises was undertaken by the new provider on the 27 September 2022. The resulting action plan has been or is being suitably addressed and the fire risk for the premises has therefore been reduced to 'Tolerable'.	

Area for Improvement 2 Ref: Regulation 15 Stated: First time	The registered person shall ensure that a system is in place to regularly review the dependency of patients so as to inform staffing arrangements within the home.	Met
	Action taken as confirmed during the inspection: Review of records from October 2022 to January 2023 regarding the dependency of patients evidenced that a system is in place and regularly reviewed so as to inform staffing arrangements within the home.	
Area for Improvement 3 Ref: Regulation 29 Stated: First time	The registered person shall ensure that action plans generated from the monthly monitoring report, are reviewed in a meaningful and timely manner by the manager to ensure that identified improvements have been addressed.	Met
	Action taken as confirmed during the inspection: Review of monthly monitoring reports for November and December 2022 evidenced that they are reviewed in a meaningful and timely manner by the manager to ensure that identified improvements have been addressed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member starting work. The manager confirmed that a structured orientation and induction programme is undertaken at the commencement of employment by all staff.

Staff said there was good team work, staff morale had greatly improved and that they felt well supported in their role by the manager and the senior management team. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

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.

Review of staff training records for 2022/2023 evidenced that staff had attended training regarding adult safeguarding, first aid, moving and handling, infection prevention and control (IPC) and fire safety.

The manager confirmed that staff had undertaken training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mr John Paul Watson, Responsible Individual, was identified as the appointed safeguarding champion for the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

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

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Care records regarding nutrition and weight were reviewed and evidenced that they 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.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor weight loss and weight gain. The manager advised that dieticians from the local Trust completed a regular, virtual ward round in order to review and monitor the weight of all patients in the home.

Supplementary charts regarding daily care and food and fluid intake were reviewed and observed to be well documented. The total of patients' daily fluid intake was recorded.

Review of one patients' reposition chart evidenced that the patients' assessed reposition regime had been adhered to and was well documented.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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.

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

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

We observed the serving of the lunchtime meal in the main dining room. The daily menu was displayed showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout. The reception area was welcoming and had been recently decorated with new carpets fitted. The manager advised that refurbishment plans are ongoing.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as wheelchairs and hoists were seen to be clean and well maintained.

The treatment room, sluice room and cleaner's store were observed to be appropriately locked when staff were not present.

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

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

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

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities advising patients of forthcoming events was unavailable to view. Staff advised that the programme of activities usually displayed on the notice board was currently under review and that that patients' needs were met through a range of individual and group activities such as armchair exercises, dog therapy, arts and crafts.

Correspondence received on 16 January 2023 from Mrs Heather Murray, Group Quality & Development Manager, confirmed an activity plan is in place and on display for patients and their families to see.

Review of patients' activity records evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Comments recorded showed that patients enjoyed the activities they attended.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the previous care inspection Abbey View Care Home has been acquired by a new registered provider, MD Healthcare Ltd. RQIA were notified appropriately. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. 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).

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

The manager advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

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 the patient dining experience, care plans, accidents/incidents, weight, the use of bedrails and infection prevention and control (IPC) practices, including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and appropriate action had been taken.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

It was established that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint raised would be managed accordingly.

The manager advised that patient and staff meetings were held on a regular basis. Minutes of meetings were available to view.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Heather Murray, Group Quality & Development Manager and Ms Georgeana Tarabuta, Manager, as part of the inspection process and can be found in the main body of the report.



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