

Inspection Report

12 & 13 April 2022



Abbey View

Type of Service: Nursing Home (NH)
Address: 48 Newtownards Road, Bangor, BT20 4BP
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Maria Mallaband Ltd Responsible Individual Mrs Christine Chapman (Applicant)	Registered Manager: Luz Agnes Jainar Date registered: 27 October 2021
Person in charge at the time of inspection: Ms Georgeana Tarabuta – Clinical Lead Nurse	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 April 2022 at 10:20 am to 5:25 pm by a care inspector and 13 April 2022 at 2:35 pm to 5:25 pm by two care inspectors and an estates inspector.

Enforcement action resulted from the findings of this inspection. 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.

Given the concerns raised, a meeting was held on 21 April 2022 with the intention to issue four failure to comply (FTC) notices under the Nursing Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) - Registered person: general requirements
- Regulation 13 (1) (a)(b) - Health and welfare of patients
- Regulation 20 (1) (a) - Staffing
- Regulation 29 (1) (2) (a)(b)(c) (3) (4) (a)(b)(c) - Visits by the registered provider.

The meeting was attended by Mrs Christine Chapman, Responsible Individual (Applicant) and Mr Robert Blackburn, Regional Director who discussed the actions they had taken since the inspection to address these shortfalls and provided an action plan to confirm how these deficits would be managed in a sustained manner.

The FTC notice under Regulation 20 (1) (a) was not issued as we were sufficiently assured that senior management were actively addressing the area for improvement.

However, RQIA did not receive necessary assurances in regard to those deficits relating to managerial oversight and governance arrangements; RQIA was also not sufficiently assured in relation to the consistent provision of showering/bathing for patients or the completion of robust monthly monitoring visits/reports by the registered provider so as to drive ongoing improvements within the home. It was therefore decided to issue three FTC notices under Regulation 10(1) (FTC Ref: FTC000179), Regulation 13 (1)(a)(b) (FTC Ref: FTC000180) and Regulation 29(1)(2)(a)(b)(c)(3)(4)(a)(b)(c) (FTC Ref: FTC000181).

Actions identified to ensure compliance are included in the failure to comply notices. Compliance must be achieved by 25 June 2022.

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.

Four areas for improvement were also identified regarding the fitness of the premises, fire risk assessments, that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and that staff meetings take place on a regular basis. The total number of areas for improvement includes one regulation that has been stated for a second time.

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.

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

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, Clinical Lead Nurse, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 13 patients individually, small groups of patients in the dining room and 11 staff. Visitors were unavailable to consult with. 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. However, some patients spoken with highlighted a reluctance, at times, to seek assistance from staff with some aspects of personal care due to staffing pressures within the home. They also told us planned activities offered to them were limited.

Staff said that the Manager was approachable but was currently absent from work; managerial arrangements are considered further within Section 5.2.5. Staff also said they were committed to the patients, cared about them and strived to provide the best care they could but reported low morale due to inconsistent staffing levels. Staff told us that the quality of communication between staff and senior management could be improved.

Following the inspection no completed questionnaires were received from patients, their representatives or staff within the timescale specified.

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

"Thank you for all your help and kindness during our Mum's stay at Abbey View. You should be proud of your team as the care was exceptional".

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 29 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that all chemicals were securely stored to comply with Control of Substances Hazardous to Health in order to ensure that patients were protected from hazards to their health.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that prescribed dietary supplements were safely stored within in a locked treatment room at all times.	

Area for improvement 3 Ref: Regulation 27 (2) (b) (d) (j) Stated: First 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.	Not met
	Action taken as confirmed during the inspection: Observation of an identified shower room evidenced that refurbishment work had not commenced and that it was out of use and in a significant state of disrepair. Fitness of the premises is discussed further in Section 5.2.5. This area for improvement has not been met and is stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time	The registered person shall ensure that pressure relieving mattresses are set in accordance with the manufactures guidance and in relation to the patients’ weight.	Met
	Action taken as confirmed during the inspection: Review of pressure relieving mattresses evidenced they were set in accordance with the manufacturer’s guidance and in relation to the patients’ weight.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Serious concerns were highlighted in regard to staffing arrangements within the home. Discussion with staff and review of staff rotas highlighted the inconsistent provision of required staffing levels in keeping with the dependency of patients; it was noted that this negatively impacted on the consistent delivery of person centred care to patients including the quality of their dining experience. Staff spoken with reported covering extra shifts, low morale and feeling tired and stressed during and after work. RQIA is concerned that these staffing arrangements do not facilitate the delivery and provision of safe and effective care to patients within the home.

Further discussion with staff highlighted a lack of robust managerial oversight in relation to staffing arrangements, for instance: while the Clinical Lead Nurse was aware of staffing levels being inconsistently maintained, there was no manager currently in place to address this issue.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner.

Two patients said,

"The staff are attentive. They work hard and are very busy".

"You have to wait...I know they are short staffed and they have been for a while".

These shortfalls were discussed with the Responsible Individual (Applicant) and the Regional Director during the meeting on 21 April 2022; while interim managerial arrangements were outlined to RQIA during this meeting (see Section 5.2.5 for further detail) these provided insufficient assurance with regard to providing robust managerial oversight in a sustained manner. A Failure to Comply Notice was issued under Regulation 10 (1).

At this meeting, RQIA confirmed that a decision was made not to serve the Failure to Comply Notice in regards to Regulation 20 (1) (a) as the Responsible Individual (Applicant) and the Regional Director provided an account of the actions taken to ensure the improvements necessary to achieve full compliance with the regulation. RQIA were advised that daily monitoring of staffing levels have been put in place to ensure that shifts are covered.

5.2.2 Care Delivery and Record Keeping

Serious concerns were identified in relation to the consistent provision of person centred care delivery to patients. For instance, a review of care records highlighted that patients were not assisted with showering/bathing in a regular manner.

Staff further advised that showers had not been offered to patients on a consistent basis due to the home being short staffed. Discussion with patients also highlighted a reluctance to seek assistance with various aspects of care, such as personal care, due to their awareness that staffing levels were low and that staff on duty were busy.

These shortfalls were discussed with the Responsible Individual (Applicant) and the Regional Director during the meeting on 21 April 2022; while RQIA was advised that an acting manager would be focusing on the provision of showering/bathing to patients, RQIA was not sufficiently assured that this aspect of care provision had yet been improved in a consistent manner. A Failure to Comply Notice was issued under Regulation 13 (1)(a)(b).

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable about individual patient's 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.

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 patient's care needs and what or who was important to them. Patients' care records were held confidentially.

Review of care records regarding pressure relief, indwelling catheter management and nutrition 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.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted they were well recorded for a period of twenty-four hours in line with current best practice.

Supplementary records regarding food and fluid intake were reviewed and were found to be well documented with the patients' total fluid intake recorded at the end of each day.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. The Clinical Lead Nurse advised that she kept her own records regarding this and that dieticians from the local Trust completed a virtual ward round every two months in order to review and monitor the weight of all patients in the home.

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.

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 dining room on 12 April 2022. 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. Patients able to communicate indicated that they enjoyed their meal. However, a menu was not available to view outlining what was available at each meal time. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing patients what is available at each mealtime. This was discussed with the Clinical Lead Nurse and an area of improvement was identified.

Observation of the evening meal on 12 April 2022 highlighted that staffing levels were insufficient to ensure that the patients' dining experience was in keeping with best practice; for example, staff had to stagger the provision of the evening meal in an attempt to provide assistance to more dependent patients first; this resulted in a disjointed and delayed dining experience for patients. On one occasion, the inspector had to provide assurance to one verbally distressed patient as staff members were busy attending to other patients.

These shortfalls were discussed with the Responsible Individual (Applicant) and the Regional Director during the meeting on 21 April 2022; while RQIA was advised that an acting manager would be focusing on the dining experience of patients, RQIA was not sufficiently assured that this aspect of care provision had yet been improved in a consistent manner. A Failure to Comply Notice was issued under Regulation 13 (1) (a) (b).

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, fresh smelling and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. There were clocks, pictures and photographs throughout the home.

The treatment room and cleaner's store were observed to be appropriately locked.

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.

The Clinical Lead Nurse told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment were in place.

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

Staff treated patients with respect and consideration. It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

Serious concerns were highlighted in relation to the provision of meaningful engagement and activities for patients. Staff confirmed that there was no formal programme of activities in place so as to provide positive and meaningful outcomes for patients. Review of the patients' activity book evidenced that the last planned activity had taken place on 17 March 2022 and it was noted that the activities notice board had not been completed. In the absence of an activity therapist, one carer has been assigned to assist, on occasion, with the provision of activities. This was alongside their caring duties and was therefore inadequate to ensure the provision of activities in a consistent manner. Patients spoken with confirmed they were bored and that "not much went on".

Observation of and discussion with patients and staff highlighted that routines within the home resulted in patients spending the majority of the day within their bedrooms; RQIA is concerned that this has resulted in a lived experience for patients which lacks emotional and psychological stimulation and meaningful social inclusion.

These shortfalls were discussed with the Responsible Individual (Applicant) and the Regional Director during the meeting on 21 April 2022; RQIA were advised that the Lifestyle Team have been assigned to address the provision of activities and arrange for an activity therapist to provide activities for patients.

RQIA was not sufficiently assured that this aspect of care provision had yet been improved in a consistent manner. A Failure to Comply Notice was issued under Regulation 13 (1) (a) (b).

5.2.5 Management and Governance Arrangements

Serious concerns were identified regarding the lack of robust managerial oversight and governance arrangements within the home; for instance: upon arrival to the Home, staff informed the inspector that the Manager had been absent from the home for approximately two weeks prior to the inspection and that the Home's Clinical Lead Nurse was now in charge during the Manager's ongoing and open ended absence. It was noted that a robust induction and a clear support structure by senior management had not been implemented, in order to support the Clinical Lead Nurse while this arrangement was in place.

RQIA had not been informed of either the Manager's absence or any alternative management arrangements in keeping with Regulation.

This was discussed with Mrs Christine Chapman, Responsible Individual (Applicant), post inspection, who advised that an acting manager was to be appointed during the registered Manager's ongoing and open ended absence.

RQIA received the overdue notification of the Manager's absence on 15 April 2022; this statutory notification advised that Delma Dela Cruz would commence as the Acting Manager from 19 April 2022.

There was no recorded evidence that a monthly monitoring visit had been completed since 4 November 2021. Review of the reports available evidenced that action plans were not robustly completed so as to identify deficits and drive the necessary improvements within the home. RQIA is concerned that given the deficits noted during this inspection, there is a lack of effective oversight in order to identify shortfalls and drive any necessary improvements within the home.

In addition, there were no quality assurance audits available in relation to various aspects of care delivery, such as: infection prevention and control practices, wound care or patients' weights. It was noted that the last hand washing audit had been completed on 23 December 2021. It was also found that there was a lack of robust and alternative arrangements in place to ensure that these quality assurance audits would be maintained in the Manager's absence so as to quality assure ongoing care to patients.

These shortfalls were discussed with the Responsible Individual (Applicant) and the Regional Director during the meeting on 21 April 2022; while RQIA was advised that an acting manager was to be appointed who would be supported by members of the senior management team, RQIA was not sufficiently assured that robust and effective managerial and governance arrangements were evidenced to be in place in a consistent manner; a Failure to Comply Notice was issued under Regulation 10 (1).

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. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding first aid, adult safeguarding, moving and handling, dementia awareness, infection prevention and control and fire safety.

Staff members were aware of their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The Clinical Lead Nurse advised that weekly clinical governance meetings were held for trained staff. However, review of records showed that the last staff meeting was held on 19 March 2021. Minutes of the staff meeting were available. An area of improvement was identified.

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 patients' next of kin, their care manager and to RQIA.

The Clinical Lead Nurse advised that no complaints had been raised during 2022. Review of records evidenced that systems were in place to ensure that complaints were managed appropriately.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Concerns were identified in relation to a lack of managerial oversight regarding quality of the premises. Observation of the environment and discussion with staff highlighted that one shower room was in a state of significant disrepair and three bedrooms lacked either running hot water and/or a functioning toilet cistern. It was noted that there was a lack of robust governance arrangements in place so as to ensure that deficits within the premises were addressed in a timely and effective manner.

These shortfalls were discussed with the Responsible Individual (Applicant) and the Regional Director during the meeting on 21 April 2022; RQIA were advised that the areas for improvement would be addressed and progress would be monitored by internal unannounced inspections to the home.

RQIA was not sufficiently assured that robust and effective managerial and governance arrangements relating to the environment were evidenced to be in place in a consistent manner; a Failure to Comply Notice was issued under Regulation 10 (1).

A review of estates related records at the time of the inspection, confirmed that the home's maintenance person was undertaking weekly and monthly checks of the homes fire safety systems in accordance with best practice guidance. Fire drills had been undertaken on the 21 January & 3 February 2022, and the most recent fire safety training was noted as 13 October 2021.

Records also demonstrated that suitable control measures were in place for the premises hot and cold water systems. However, the fire risk assessment, legionella risk assessment and other statutory certificates were not made available at the time of the inspection. Subsequent to the inspection the following information was submitted to RQIA on 20 April 2022;

- Fire risk assessment – 18 January 2022
- Legionella risk assessment – 02 September 2020
- Electrical installation condition report – 16 October 2017
- LOLER thorough examinations – 21 September 2021
- Gas Safe certificates – 21 March 2022
- Fire detection and alarm system – 1 October 2021
- Emergency lighting installation – 1 October 2021.

These documents confirm that the premises were being maintained in line with current regulations and best practice guidance. However, the Manager should confirm that the significant findings in the fire risk assessment have been addressed and signed-off accordingly. This will insure that the premises fire risk rating is reduced to 'Tolerable'. An area for improvement under regulation was identified.

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 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	2*	2

* The total number of areas for improvement includes one Regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Georgeana Tarabuta, Clinical Lead Nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) (d) (j) Stated: Second time To be completed by: 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: 5.1 & 5.2.5</p> <p>Response by registered person detailing the actions taken: Shower room has been renovated and is now fit for use.</p>
Area for improvement 2 Ref: Regulation 27 (4)(a) Stated: First time To be completed by: With immediate effect	<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>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Fire doors have been purchased and are ready to be hung</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12 Stated: First To be completed by: With immediate effect	<p>The registered person shall ensure that a daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Menu is created and is available for Residents to make informed choices from.</p>

Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.5
	Response by registered person detailing the actions taken: Staff, Residents and Relatives meetings have been held. Communications are improving within the home.

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



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