



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Abbey view**

**29 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 27 July 2015 from 09.55 to 14.35 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 5 January 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>3</b>

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Heather Spence, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Maria Mallaband Ltd	<b>Registered Manager:</b> Heather Spence
<b>Person in Charge of the Home at the Time of Inspection:</b> Heather Spence	<b>Date Manager Registered:</b> 21 October 2014

<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 25
<b>Number of Patients Accommodated on Day of Inspection:</b> 25	<b>Weekly Tariff at Time of Inspection:</b> £593 - £693

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

#### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with patients
- discussion with staff
- review of care records
- inspection of the premises
- evaluation and feedback.

The inspector met with eight patients individually and the majority of others in groups, two care staff, three nursing staff, two ancillary staff and two patients' visitors/representatives.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- staff competency and capability records
- staff induction records
- three care records
- a selection of policies and procedures
- incident and accident records

- care record audits
- regulation 29 monthly monitoring reports
- guidance for staff in relation to palliative and end of life care.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection on 5 January 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 12 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> <li>• patients who require a therapeutic diet are offered a mid-morning snack</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The serving of the mid-morning snack was observed and there were options available for those on a modified diet.</p> <p>This requirement has been met.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 14 (2) (b) and (c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that patients are transferred safely and in a dignified manner.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Manual handling operations were observed and found to have been carried out in a dignified manner. A review of training records evidenced that all staff had received manual handling training.</p> <p>This requirement has been met.</p>	<b>Met</b>

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.3 <b>Stated:</b> Second time	The menu plan should be reviewed to include choices for snacks for patients on therapeutic diets	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The menu was reviewed and had been updated. Menu cards were also available on each table in the dining room and it was clearly stated that each option was available for those on a modified diet. On discussion patients confirmed that modified meals were attractively presented and tasty.  This recommendation has been met.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.1 <b>Stated:</b> First time	The registered person must ensure that <ul style="list-style-type: none"> <li>• the patient's care plan for continence is kept under review following a change in the patient's circumstances</li> <li>• care plans are developed in consultation with the patient and/or their representative</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An examination of care records evidenced that continence assessments and care plans were kept under review and reflected the condition of the patient. There was evidence of consultation with the patient in regards to continence care.  This recommendation has been met.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time	The registered person must ensure that an adequate supply of personal protective equipment is available at all times to minimise the risk of infection between patients and staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was confirmed on inspection of the premises that an adequate supply of personal protective equipment in various sizes was available in wall-mounted dispensers throughout the home.  This recommendation has been met.	

## 5.2 Standard 19 - Communicating Effectively

### Is Care Safe? (Quality of Life)

There was no policy or procedure available on communicating effectively, however the regional guidelines on Breaking Bad News were available for staff.

A review of training records evidenced that some staff had completed training in relation to communicating effectively with patients and their families/representatives at end of life delivered by a local funeral director. In discussion, staff demonstrated a good knowledge of how to communicate effectively with patients and relatives.

### Is Care Effective? (Quality of Management)

Care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs including sensory and cognitive impairment.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was some evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. In general, relative communication sheets were not well completed. However, discussion with the staff and patients' representatives and observation at the inspection demonstrated that there was ongoing communication with relatives and good working relationships were evident. This was discussed with the manager and she agreed to continue to encourage staff to record this communication.

### Is Care Compassionate? (Quality of Care)

All staff confirmed on discussion that they had good relationships with their patients and their family members. They emphasised the importance of regular and ongoing communication with relatives.

Discussion with two patients' relatives confirmed that staff responded well to any complaints and that the manager and staff were very approachable. They confirmed that they were always made welcome in the home.

Relationships between staff and patients were observed to be friendly and relaxed and patients' needs were responded to promptly.

### Areas for Improvement

A recommendation has been made that a communication policy is developed in accordance with current regional guidelines and the content shared with staff.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### **5.3 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

#### **Is Care Safe? (Quality of Life)**

A combined policy on the management of palliative and end of life care and death and dying was available in the home. This policy had been developed in October 2013 and did not, therefore, reflect best practice guidance such as the Gain Palliative Care Guidelines (November, 2013). They did include guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that a number of staff nurses had undertaken training in palliative and end of life care. Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines (November 2013). A review of induction records for staff nurses evidenced that care of the dying was included. However, it was noted in three records examined that competency and capability assessments had not been completed for these nurses who were left in charge of the home in the absence of the manager.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. Staff commented on the value of these services.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or medications was in place and discussion with staff confirmed their knowledge of the protocol. Staff also confirmed that they had good working relationships with local GP's and the needs of patients were well anticipated and medications kept in stock should these be required.

The home had access to syringe drivers supplied by the local trust. Staff nurses confirmed that they were trained in their use and were well supported by the district nursing service.

A palliative care link nurse had been identified.

#### **Is Care Effective? (Quality of Management)**

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life. There was evidence that referrals could be made to the specialist palliative care team if required.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered as patients neared the end of life.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been appropriately managed.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. A form had been developed to record the patient's wishes at the end of life and these were completed in the care records reviewed. Staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the person's wishes, for family/friends to spend as much time as they wish with the person. Staff confirmed that relatives were made very welcome and were able to stay in the person's room or a lounge area during the night. They were offered frequent beverages and meals as required. The manager stated in discussion that she may convert a room in the home to a relatives' room as there are currently no specific facilities for relatives. The manager was advised that a minor variation would need to be submitted to RQIA if this is to go ahead.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included the support of the team and the manager.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included literature from the local funeral homes and the bereavement network. Where appropriate, literature had been placed in each patient's care record for ease of access should this be required.

### **Areas for Improvement**

A requirement has been made that a competency and capability assessment is completed with any nurse who is given the responsibility of being in charge of the home for any period in the absence of the manager.

As previously stated, a recommendation has been made that a communication policy is developed in accordance with current guidelines and the content shared with staff.

A recommendation has been made that the palliative and end of life policy is updated to include the current GAIN guidelines on palliative and end of life care (2013) and the content shared with staff.



<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b> <b>*1 recommendation made is stated under Standard 19 above</b>	<b>2</b>
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## 5.4 Additional Areas Examined

### 5.4.1. Comments of patients, patient representatives and staff

#### Patients

No patients completed questionnaires but comments in discussion were generally very positive and included the following:

“The girls (care staff) are great and nothing is too much trouble.”  
“I am very happy and the staff are great.”

Patients also commented positively on the food provided in the home and confirmed that staff responded promptly to call bells. One patient did state that they had an ongoing issue with their sheets and bedding. This was discussed with the manager who agreed to address this with the patient concerned.

#### Relatives

Two relatives were consulted and they were very happy with the care provided. One relative described the staff as “thoughtful and considerate.” They confirmed that they had made some minor complaints in the past and that these had been fully and promptly addressed.

#### Staff

Questionnaires were distributed to staff and one was returned. In discussion staff were very positive about the home and confirmed that they worked well as a team. All staff commented on the positive impact the home manager had made since taking up post in October 2014. The questionnaire respondent commented:

“The care given is second to none and I am proud to be part of a great team.”

### 5.4.2. Environment

The home had undergone extensive redecoration in the last few months and was presented to a high standard of hygiene throughout. It was noted, however, that bin liners were being stored in the bathrooms which is not in accordance with best practice in infection prevention and control. This was discussed with the manager who stated that she had frequently discussed this with staff. In addition, a foot pedal was found to be broken on a bin in a specified bathroom. A recommendation has been made in regard to these issues.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Heather Spence, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be Completed by:</b> 10 September 2015	A competency and capability assessment must be completed with any nurse who is given the responsibility of being in charge of the home for any period in the absence of the manager.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All nurses within the home have now an induction in place ,there is also a new induction policy being made to cover extra dutys in the absence of the manager or deputy and a folder placed in the nurses unit as a guide with templates of rqia forms, local policys and how to manage staffing ect in an emergency		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 November 2015	A communication policy should be developed in accordance with current regional guidelines and the content shared with staff.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Currently being worked on with the quality improvement team		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 November 2015	A recommendation has been made that the palliative and end of life policy is updated to include the current GAIN guidelines on palliative and end of life care (2013) and the content shared with staff.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Currently getting worked on by quality improvement team and will be in line with the latest gain guidelines		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 August 2015	In accordance with best practice in infection prevention and control the following issues should be addressed: <ul style="list-style-type: none"> <li>• Bin liners stored in bathrooms</li> <li>• Broken pedal on specified clinical waste bin</li> </ul>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Bin sorted and there is now a daily sheet within the bathrooms that the manager and the nurse in charge will check and sign three times daily as well as the staff all knowing it is an infection control issue.		
<b>Registered Manager Completing QIP</b>	Heather Spence	<b>Date Completed</b>	7/915
<b>Registered Person Approving QIP</b>	V. Craddock	<b>Date</b>	07/09/15

		<b>Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Karen Scarlett	<b>Date Approved</b>	8/9/15

*\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: