

Unannounced Secondary Care Inspection

Name of Establishment:	Abingdon Manor Care Centre (Antrim & Down Suite)
Establishment ID No:	1049
Date of Inspection:	29 May 2014
Inspector's Name:	Sharon McKnight
Inspection ID	IN017206

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Abingdon Manor Care Centre Nursing Home Antrim & Down Suite
Address:	949 Crumlin Road Belfast BT14 8FG
Telephone Number:	(028) 9071 7878
E mail Address:	Abingdonmanor@btconnect.com
Registered Organisation/ Registered Provider:	Abingdon Manor Care Centre Ltd Mr Desmond Wilson
Registered Manager:	Ms Claire Moore
Person in Charge of the Home at the Time of Inspection:	Ms Claire Moore
Categories of Care:	NH - I, PH, PH(E), TI
Number of Registered Places:	20 (10 per suite)
Number of Patients Accommodated on Day of Inspection:	19
Scale of Charges (per week):	£556
Date and Type of Previous Inspection:	09 May 2013 09 30 – 15 00 hours
Date and Time of Inspection:	29 May 2014 10 30 – 15 30 hours
Name of Inspector:	Sharon McKnight

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with the registered manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of staff duty rotas
- review of the complaints, accidents and incidents records
- evaluation and feedback
- observation during a tour of the premises

1.3 Inspection Focus

RQIA undertook this inspection following contact by a whistle blower expressing concerns in the following areas:

- Staffing level
- night time routine of staff
- recording of medicines
- management of falls
- notification of incidents.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection. Therefore the inspector examined the following areas:

- staffing
- recording and management of accidents and incidents
- administration of medication records
- care practices.

2.0 Profile of Service

Abingdon Manor Care Centre is situated on an elevated site at the top of the Crumlin Road. It is a purpose built split-level development of 60 beds, divided equally into six self-contained suites operating within the larger home. Each unit has ten en-suite bedrooms with kitchen, utility, day room and dining room. This design creates a friendly, family like setting for patients.

The upper ground floor level houses Antrim and Down suites which are two ten bedded units registered to provide nursing care for patients under the following categories of care:

- I Old age not falling into any other category
- PH Physical disability other than sensory impairment
- PH (E) Physical disability other than sensory impairment
- TI Terminally ill

Facilities within the home include an internal garden, activity room, library, visitor's room and two hairdressing salons.

Abingdon Manor Care Centre Ltd are the registered provider and Ms Claire Moore is the registered manager for the facility.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Abingdon Manor, Antrim and Down suite. The inspection was undertaken by Sharon McKnight on 29 May 2014 from 10 30 to 15 50 hours.

The inspector was welcomed into the home by Clare Moore registered manager who was available throughout the inspection. Regional manager Angela Dorian was also in the home during the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Moore at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and staff. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 8 May 2013 two requirements and seven recommendations were issued. One requirement was reviewed and assessed as compliant and one is carried forward for review at a future inspection. Two of the recommendations were reviewed and assessed as compliant. Five were carried forward for review at a future inspection. Details can be viewed in the section immediately following this summary.

Inspection findings

Staffing
Management of accidents
Administration of medication records
Care Practices

Details of the inspection findings can be found in the main body of the report.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

Following discussion with the registered manager and review of duty rosters, accident and incident reports, medication recording sheets and discussion with staff the inspector was unable to substantiate the concerns raised with RQIA prior to the inspection.

Therefore, there are no requirements or recommendations made as a result of this inspection. Due to the focus of this inspection one requirement and five recommendations made as result of the previous inspection are carried forward for review at a future inspection. These requirements and recommendations are detailed in the quality improvement plan (QIP).

The inspector would like to thank the patients, regional manager, registered manager and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 29(4)(c)	It is required that the person carrying out the monthly visit must prepare a written report on the conduct of the nursing home.	Due to the focus of this inspection this requirement is carried forward for review at a future inspection.	Not inspected.
2	Regulation 13(1)(a)	It is required that the policy and procedure for the management of abuse are reviewed and updated to ensure they reflect current best practise and that the directions for staff on how to respond, report and record safeguarding vulnerable adult incidents is consistent across the policy and procedure.	The inspector reviewed the policy on the management of abuse dated June 2013. This policy was reflective of best practice and regional guidance on how to respond, report and record safe guarding issues.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Criterion 29.4	It is recommended that the record of supervision is further developed to include the agreed action to be taken where concerns regarding practice are identified.	Review of the record of supervision evidenced that records included an action plan which included the issue identified, the required action and the date the action was completed.	Compliant
2	Criterion 25.12	It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on.	Due to the focus of this inspection this recommendation is carried forward for review at a future inspection.	Not inspected
3	Criterion 25.13	It is recommended that the annual report is further developed to include greater detail of the areas commented on.	The regional manager informed the inspector that the annual report was due for completion in June 2014. Therefore this recommendation is carried forward for review at a future inspection.	Not inspected
4	Criterion 16.2	It is recommended that induction records are further developed to include a general awareness of the correct use of restraint.	The inspector reviewed the template for induction records which evidenced that a general awareness of the management of restraint was included.	Compliant
5	Criterion 5.2 & 11.1	It is recommended that a baseline pain assessment is completed with all patients and an ongoing pain assessment where indicated	Due to the focus of this inspection this recommendation is carried forward for review at a future inspection.	Not inspected

6	Criterion 6. 2	It is recommended that all records are dated on completion.	Due to the focus of this inspection this recommendation is carried forward for review at a future inspection.	Not inspected
7	Criterion 11.1	It is recommended that a pressure ulcer risk assessment is recorded as part of the preadmission assessment.	Due to the focus of this inspection this recommendation is carried forward for review at a future inspection.	Not inspected

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated minimum standards, it will review the matters and take whatever appropriate action is required; this may include an inspection of the home. Please refer to section 1.3 and section 6 of this report.

The inspector was satisfied that any notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection were being managed in accordance with the regional adult protection policy and that RQIA have been kept informed of the progression of issues.

5.0 Inspection findings

5.1 Staffing

The registered manager informed that inspector that, at the time of inspection, there were registered nurse vacancies within the home and that the current vacant shifts were being filled by permanent staff working additional hours and by the deployment of bank staff. Due to continuity of care issues the registered manager explained that nurses from recruitment agencies were used only if the home was unable to cover the shifts by staff employed by the home. The registered manager explained that a recruitment campaign had taken place and a number of nurses have been appointed.

The inspector reviewed three weeks duty rosters for week ending 27 April, 4 May and 18 May 2014) which evidenced that generally planned staffing levels and skill mix of staff were in keeping with RQIA Staffing Guidance for Nursing Homes, June 2009. The staffing arrangements explained by the registered manager were evidenced in the review of the duty rosters. The inspector evidenced the use of bank staff, and were required, agency staff. The inspector reviewed the work pattern of additional hours worked by permanent staff. The inspector was satisfied that staff working additional hours had sufficient time off prior to, and following, shifts worked.

The inspector spoke with all of the care staff on duty. No issues were raised regarding there being insufficient staff. Staff spoken with reported good working relationships between staff. Observations made during the inspection evidenced that care was delivered in a timely way.

A whistle blower raised concerns with RQIA in regard to the management of staff breaks on night duty. The inspector spoke at length with the registered manager regarding break allocation. The registered manager explained that staff on night duty were entitled to two breaks of 20 minutes and two breaks of 10 minutes throughout their shift. The registered manager informed the inspector that recently one member of staff had requested special dispensation in regard to their break entitlement for one night. The inspector discussed this at length with the registered manager who immediately recognised RQIA's concerns. Following further discussion and reassurance by the registered manager the inspector was satisfied that this arrangement would not be repeated.

5.2 Management of accidents

The inspector reviewed the accident records which evidenced that accidents were reported appropriately with notifications required under Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 forwarded to RQIA in a timely manner.

The registered manager completed a monthly audit of accidents and examined the time, place of occurrence and any contributing factors to establish any patterns and trends.

5.3 Administration of medication records

A whistle blower raised concerns with RQIA that medication recording sheets were not being completed. The inspector reviewed the current medication administration sheets. There were no omissions noted.

5.4 Care Practices

The inspector visited the Antrim and Down suite early afternoon. The majority of patients were sitting in the lounges. The inspector observed that there was a calm atmosphere in the home and that staff were quietly attending to the patients' needs. Staff and patient interaction and communication demonstrated that patients were treated courteously, with dignity and respect. Good relationships were evident between staff and patients.

The inspector spoke with 9 patients who all commented positively in regard to staff and the care they receive and that they were happy in the home.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Clare Moore, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Sharon Mcknight
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

Quality Improvement Plan

Unannounced Primary Inspection

Abingdon Manor

Antrim Down Suite

29 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Clare Moore, registered manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 29(4)(c)	<p>Carried forward for review at a future inspection.</p> <p>It is required that the person carrying out the monthly visit must prepare a written report on the conduct of the nursing home.</p> <p>Ref section 4</p>	Two	<p>The monthly report is now conducted by the Area Manager.</p> <p>A written report is completed and a copy held at the Home</p>	From the date of inspection

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Criterion 25.12	<p>Carried forward for review at a future inspection</p> <p>It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on.</p> <p>Ref section 4</p>	One	The Action Plan is documented and reviewed at next visit - comments also made on the progress of areas commented on	From that date of inspection.
2	Criterion 25.13	<p>Carried forward for review at a future inspection</p> <p>It is recommended that the annual report is further developed to include greater detail of the areas commented on.</p> <p>Ref section 4</p>	One	The annual report has been further developed and includes more detail	From that date of inspection.
3	Criterion 5.2 & 11.1	<p>Carried forward for review at a future inspection</p> <p>It is recommended that a baseline pain assessment is completed with all patients and an ongoing pain assessment where indicated</p> <p>Ref section 4</p>	One	A baseline pain assessment is completed as part of the admission process. All care plans that require it include a pain protocol for each individual client	From that date of inspection.

4	Criterion 6. 2	<p>Carried forward for review at a future inspection</p> <p>It is recommended that all records are dated on completion.</p> <p>Ref section 4</p>	One	Staff are aware to ensure that all documentation is signed and dated	From that date of inspection.
5	Criterion 11.1	<p>Carried forward for review at a future inspection</p> <p>It is recommended that a pressure ulcer risk assessment is recorded as part of the preadmission assessment.</p> <p>Ref section 4</p>	One	<p>Skin integrity is noted during the assessment phase and Braden score noted.</p> <p>It is again assessed as part of admission process and care plan documented as necessary.</p> <p>Staff are aware of the Algorithm for risk assessment, prevention and management in adults (as per NICE Guidelines)</p>	From that date of inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Claire Moore
Name of Responsible Person / Identified Responsible Person Approving Qip	Desmond Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Sharon McKnight	8-10-14
Further information requested from provider			