

Inspection Report

13 January 2022



Abingdon Manor Care Centre

Type of service: Nursing Home
Address: 949 Crumlin Road, Belfast, BT14 8FG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Abingdon Manor Care Centre Ltd Responsible Individual: Mr Colin Nimmon	Registered Manager: Ms Julie McGlinchey Date registered: 23 June 2017
Person in charge at the time of inspection: Ms Julie McGlinchey	Number of registered places: 60 This number includes: <ul style="list-style-type: none"> • 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI accommodated in the Antrim & Down suites • 10 patients in category NH-PH, NH-PH(E) accommodated in the Londonderry suite • 19 patients in category NH-LD, NH-LD(E) accommodated in the Tyrone & Fermanagh suites • 10 patients in category NH-DE accommodated in the Armagh suite • One additional named patient in category NH-PH to be temporarily accommodated
Categories of care: Nursing (NH): PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years LD – learning disability LD(E) – learning disability – over 65 years DE – dementia I – old age not falling within any other category TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 57
Brief description of the accommodation/how the service operates: Abingdon Manor Care Centre is a registered nursing home which provides nursing care for up to 60 patients. The home is divided in six suites over two floors. One the ground floor the Tyrone and Fermanagh suites provide care for people with learning	

disabilities and the Londonderry suite provides care for people with physical disabilities. On the first floor the Antrim and Down suites provide general nursing care and the Armagh suite provides care for people with dementia.

2.0 Inspection summary

An unannounced inspection took place on 13 January 2022 from 10.20am to 3.30pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that the majority of medicines were administered as prescribed. However, discrepancies in the administration of some medicines were observed and robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to the standard of maintenance of the personal medication records and records for the disposal of medicines, the administration of liquid medicines, inhaled medicines, antibiotics and “when required” analgesics, the management of thickening agents, the storage of medicines, and the governance and auditing systems in the home.

Following the inspection the findings were discussed with the senior pharmacist inspector. It was agreed that as detailed feedback had been given to the manager and responsible person, a period of time would be given to implement the improvements and that a follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. We also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with five nurses, the manager and the area manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no feedback had been received by RQIA.

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 14 December 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective 	Carried forward to the next inspection

	<p>equipment</p> <ul style="list-style-type: none"> • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow. 	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance summary
Area for Improvement 1 Ref: Standard 39.1 Stated: First time	<p>The registered person shall ensure that all agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 39.9 Stated: First time	<p>The registered person shall ensure that mandatory training requirements are met.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Standard 21.1 Stated: First time	<p>The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound.</p>	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Standard 48.8	<p>The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year.</p>	Carried forward to the next

Stated: First time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	inspection
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5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Personal medication records were in place for all patients selected for review. These records are used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records had been verified and signed by two nurses at the time of writing and at each update in order to ensure accuracy of transcribing. However, a number of the personal medication records were not up to date; discontinued medicines had not been cancelled. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. The personal medication records should be accurate and up to date. A system should be in place to ensure that they are checked against the medication administration records. An area for improvement was identified.

It was evident that staff did not use the personal medication records as part of the administration of medicines process as they were filed between protocols for the management of pain, distressed reactions, epilepsy, covert administration and home remedies for each patient. It was agreed that the filing system would be reviewed and streamlined to ensure that only up to date protocols were available and that the personal medication records were filed adjacent to the medication administration records.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed for five patients. Nurses knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be

associated with pain. Directions for use were clearly recorded on the personal medication records. Care plans and protocols directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded on most occasions. For one patient there was evidence of regular use; the nurse in charge agreed to refer this to the prescriber for review.

The management of pain was reviewed for four patients. Each patient had a pain management care plan and protocol. There was evidence that regular pain assessments were carried out by the nursing staff and that regular pain relief had been administered as prescribed. Discrepancies in the administration of a small number of “when required” analgesics were observed. See Section 5.2.3.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for five patients. Speech and language assessment reports and care plans were in place. Nurses were aware that the recommended consistency level should be accurately recorded on the personal medication record and administration records; these records had been accurately maintained for two of the five patients only. Records for the prescribing and administration of thickening agents should be accurately maintained. An area for improvement was identified.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral tube. The management of medicines and nutrition via the enteral route was reviewed for one patient. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and fluids were maintained. Nurses advised that they had received training and felt confident to manage medicines and nutrition via the enteral route.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail in the care plans to direct nurses and care assistants if the patient’s blood sugar was too low.

A small number of patients have their medicines administered covertly. This had been agreed to be in the patient’s best interest by the multi-disciplinary team and authorised by the prescriber. It was agreed that care plans would be updated to include details of how each medicine is administered and the level of observation required.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient’s medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Medicine trolleys were tidy and organised so that medicines belonging to each patient could be easily located. However, significant overstocks of some medicines were observed in one treatment room and out of date medicines were available in the medicine refrigerator and on the trolley. Inhaler spacer devices needed to be cleaned or replaced. The treatment room needed to be decluttered so that medicines and records were readily available for staff, including agency staff and to ensure that infection prevention and control standards are achieved. An area for improvement was identified.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. In one treatment room the refrigerator temperature was not monitored each day. In the second treatment room the maximum temperature was consistently recorded as 19°C. Nurses had not taken appropriate corrective action and the issue had not been identified through the home's audit process. Nurses should receive guidance on how to accurately monitor the refrigerator temperature and reset the thermometer each day. Corrective action must be taken if temperatures outside the required range are observed. An area for improvement was identified.

Records for the disposal of medicines were reviewed. The date of disposal and reason for disposal were not recorded on several occasions. Nurses advised that controlled drugs in Schedules 2, 3 and 4 (Part 1) were denatured prior to disposal but this was not recorded. Records for the disposal of medicines should be accurately maintained. The records should indicate that controlled drugs have been denatured. An area for improvement was identified.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. Most of the records reviewed were found to have been accurately completed. A small number of missed signatures were highlighted to the manager for ongoing monitoring and review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in controlled drug record books. The records reviewed had been maintained in a mostly satisfactory manner. Two anomalies were brought to the attention of the nurses and manager who provided satisfactory explanations. It was agreed that the standard of maintenance of the controlled drug record books would be included in the home's auditing system. See below.

The majority of audits completed at the inspection indicated that medicines were administered as prescribed. However, discrepancies in the administration of a small number of medicines including inhaled medicines, liquid medicines, antibiotics and “when required” analgesics were observed. The manager was requested to investigate one of these discrepancies, report to the prescriber for guidance and forward an incident report of the findings and action taken to prevent a recurrence to RQIA. This incident report was received by RQIA on 21 January 2022.

Monthly management audits had not been completed recently. The issues raised at this inspection were not being identified through the home’s auditing system or monthly monitoring visits conducted in accordance with Regulation 29. The registered person must implement a robust auditing system which covers all aspects of the management and administration of medicines, including those detailed in this report. Action plans to address any shortfalls should be developed and implemented. An area for improvement was identified.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

The admission process for patients new to the home or returning to the home after receiving hospital care was discussed with management and staff who advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the hospital or GP practice.

The management of medicines for one patient who had been transferred from another care facility was reviewed. Nurses had verified their medicine regimen using the medicines supplied and information received from the other care facility. Written confirmation had not been received from their GP. The nurse advised that this had been an oversight and would be addressed immediately. The patient’s personal medication record and medication administration records had been verified and signed by two nurses and the medicines had been administered in accordance with the instructions recorded on the personal medication record.

It was agreed that the management of medicines on admission would be included in the audit process.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff.

As detailed above, a robust auditing system must be implemented to ensure that all incidents are identified without delay.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff.

The area manager advised that all nurses received a structured induction which included medicines management. Competency was assessed following induction and annually thereafter. Records were available for inspection.

The manager advised that all staff, including agency staff, would receive detailed feedback on the findings of this inspection in order to implement and sustain the necessary improvements.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Home Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes, April 2015

	Regulations	Standards
Total number of Areas for Improvement	6*	6*

* the total number of areas for improvement includes two under the Regulations and four under the Standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Julie McGlinchey, Registered Manager, 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 Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: Immediate action required	The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref. 5.1
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref. 5.1
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the personal medication records are accurate and up to date. Ref. 5.2.1
	Response by registered person detailing the actions taken: Monthly auditing tool introduced to record any changes in medications .This is to be checked monthly and kardexes updated to reflect any changes.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that records for the prescribing and administration of thickening agents are accurately maintained.</p> <p>Ref. 5.2.1</p> <p>Response by registered person detailing the actions taken: Kardexes updated to reflect consistency required and records in place for all staff to sign on administration.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the medicines refrigerator temperature is accurately monitored each day and corrective action taken if temperatures outside the required range are observed.</p> <p>Ref. 5.2.2</p> <p>Response by registered person detailing the actions taken: All nursing staff to ensure daily fridge temperature is recorded and manager to check weekly.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person should implement a robust auditing system which covers all aspects of the management and administration of medicines, including those detailed in the report. Action plans to address any shortfalls should be developed and implemented.</p> <p>Ref. 5.2.1, 5.2.2, 5.2.3, 5.2.4 & 5.2.5</p> <p>Response by registered person detailing the actions taken: A new auditing tool has been introduced for boxed medications and manager to increase audits. Action plans will be implemented to address any shortfalls. Pharmacy to commence 3 monthly audits.</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</p>	
<p>Area for Improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2022</p>	<p>The registered person shall ensure that all agency staff complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39.9</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2022</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients' wound care plans are updated in a timely manner to reflect any changes in care and treatment and those daily evaluations evaluate the condition of the wound.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 48.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that evidence is present to confirm all staff have participated in a fire evacuation drill at least once per year.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that medicines are stored safely in accordance with infection prevention and control standards and disposed of when expired.</p> <p>Ref. 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Medical rooms have been decluttered and all stock checked. Manager to continue to monitor during audits to ensure medications are stored safely and disposed of when expired.</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records for the disposal of medicines are accurately maintained.</p> <p>Ref. 5.2.2</p>

To be completed by: Immediate action required	Response by registered person detailing the actions taken: A new drug disposal book is now in place and manager will check during audits.
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