

Inspection Report

3 & 4 September 2024



Abingdon Manor Care Centre

Type of service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Electus Healthcare (Abingdon) Ltd Responsible Individual: Mr Ed Coyle	Registered Manager: Mrs Katrina McEvoy
Person in charge at the time of inspection: Mrs Katrina McEvoy - manager	Number of registered places: 60
Categories of care: Nursing Home (NH) DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. 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: 56
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided into five suites over two floors. The Tyrone and Fermanagh suites on the ground floor provide care for people with learning disabilities and the Londonderry suite which is also situated on the ground floor provides care for people with physical disabilities. The Antrim suite on the first floor provides general nursing care and the Armagh suite, also on the first floor, provides care for people with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 3 September 2024, from 9.30 am to 5.10 pm and 4 September 2024, from 9.10 am to 4.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 6.0.

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

The findings of this report will provide the management team 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 previous areas for improvement issued, 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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experiences of life in the home and said they were well looked after, there were enough staff around if they needed them and the food was very good with plenty of choice.

Staff were positive about the support from the manager in the home and the team work with other colleagues. Staff said the care was very good and they enjoyed working in the home. Some concerns were raised about staffing levels in the home and this is discussed further in section 5.2.1.

There were no responses received from the patient and visitor questionnaires nor the online survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 11 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: Third time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.	Partially met

	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been partially met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for Improvement 4 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. Action taken as confirmed during the inspection: Evidence showed that this area for improvement has not been met. This is discussed further in section 5.2.1. This area for improvement has been stated for a second time.	Not met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 40 Stated: First time	The registered person shall ensure staff receive supervision and records of the dates of completion is maintained. Action taken as confirmed during the inspection: Evidence showed that this area for improvement has not been met. This is discussed further in section 5.2.1. This area for improvement has been stated for a second time.	Not met
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure there are clear documented processes for the prevention and treatment of pressure damage. This is in relation to the repositioning of patients. Action taken as confirmed during the inspection: Evidence showed that this area for improvement has not been met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.	Not met

Area for Improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.	Partially met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been partially met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for Improvement 4 Ref: Standard 48 Stated: First time	The registered person shall ensure that all fire exits are free from obstacles.	Not met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has not been met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for Improvement 5 Ref: Standard 11 Stated: First time	The registered person shall ensure all patient are offered a programme of meaningful activities on a regular basis.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 6 Ref: Standard 44.3 Stated: First time	The registered person shall ensure the nursing home, including all spaces, is used only for the purpose for which it is registered.	Met
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has been met.	
Area for Improvement 7 Ref: Standard 41 Stated: First time	The registered person shall ensure an accurate record is kept of staff working over a 24-hour period and the capacity in which they were working in each of the suites in the home.	Not met

	Action taken as confirmed during the inspection: Evidence showed that this area for improvement has not been met. This is discussed further in section 5.2.1. This area for improvement has been stated for a second time.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to record that staff were trained and supported to do their job. There was evidence from the records that compliance with mandatory training required improvement and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role. The duty rota identified the person in charge when the manager was not on duty. The staff duty rota did not accurately reflect the staff working in the home on a daily basis. This is in relation to staff allocated to one unit providing cover in other units in the home throughout the day and night. This area for improvement has been stated for a second time.

Staff said that at times there were not enough staff in the units in the afternoon and overnight to ensure patients were supervised appropriately. Records reviewed showed higher levels of falls and accident or incidents in two of the units in the home. This was discussed with the management team during feedback and this area for improvement was stated for a second time.

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 compassionate manner, and provided patients with a choice on how they wished to spend their day.

Staff should be provided with an appraisal and regular supervision for their roles in line with the policies in the home. The record of appraisal and supervision evidenced that this had not been completed in a timely manner for all staff. One area for improvement has been stated for a second time and a new area for improvement has been identified.

5.2.2 Care Delivery and Record Keeping

Staff were observed to recognise patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position, however, records evidenced that repositioning was not recorded accurately as required for patients needs and the coding system used was, at times, incorrect. This area for improvement has been stated on a second time.

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.

The dining experience was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable and had a meal that they enjoyed.

There was evidence that patients' needs in relation to the nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

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 care records were held confidentially.

Care records were reviewed and updated, however the review was noted to lack detail at times. This was discussed with the manager who agreed to address this. This will be reviewed at the next inspection.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on who was important to them.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that while the home was tidy and warm, maintenance and cleaning was required for instance, to hoists and laundry baskets. This area for improvement has been stated for a second time.

Further areas were identified which require maintenance or replacement including, but not limited to, armchairs, lounge tables and an untidy outside area. An area for improvement was identified.

Examination of bedrooms and communal bathrooms also found that further cleaning was required, for example; to bed linen and bathrooms. This was discussed in detail with the management team and an area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were, suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Fire safety measures were in place, however, hoists, and steady hoists were noted to be stored in corridors causing an obstruction to access to fire exits. This was brought to the attention of the manager for their immediate action. This area for improvement has been stated for a second time.

During inspection environment infection prevention and control (IPC) issues were identified, including; unclean bed bumpers and unclean parts of a commode and clothing baskets which were stored on a bathroom floor. This area for improvement has been stated for a second time.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

While improvement was noted in storage of cleaning chemicals it was observed that not all hazardous items were stored securely, such as, denture cleaning tablets. This was discussed in detail with the management team and an area for improvement was identified.

A number of items including hoists and boxes of wall decorations were noted to be stored inappropriately in corridors, bathrooms and a lounge. This was brought to the attention of the manager and discussed during feedback and an area for improvement was identified.

A number of bathrooms and toilets were locked preventing patients from using these areas when the required. This was discussed with the management team and the locks were removed immediately and risk assessments completed. This will be reviewed at the next inspection.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have birthday parties with family or friends in their room or one of the lounges.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. The range of activities included individual and group activities and social, community, cultural, religious, spiritual and creative events.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Katrina McEvoy has been the acting manager in this home since 27 May 2024.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. The action plans resulting from the environment audits had been completed but not all signed. This was discussed with the manager and will be reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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

There was a system in place to manage complaints. Patients spoken with said that they knew how to report any concerns.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

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

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 or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	3*	10*

* the total number of areas for improvement includes two regulations and five standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 13 (7) Stated: Second time To be completed by: With immediate effect (4 September 2024)	<p>The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: All IPC issues identified during the inspection have been fully addressed. Spot checks continue to be actioned by the Home Manager / Deputy Manager on daily walkrounds. New bed linen has been delivered to the Home.</p>
Area for improvement 2 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: 15 September 2024	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: A Dependency review has been undertaken, with staffing levels regularly reviewed to reflect the dependencies within the Home. Staffing levels are in line with current dependency levels.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered person shall ensure hazards such as, denture cleaning tablets are stored safely.</p> <p>Ref: 5.2.3</p>

To be completed by: With immediate effect (4 September 2024)	Response by registered person detailing the actions taken: Further COSHH training has begun and staff are aware of safe storage. Staff are reminded of the importance of safe storage at daily flash meetings and staff meetings.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 40 Stated: Second time To be completed by: 31 October 2024	The registered person shall ensure staff receive supervision and records of the dates of completion is maintained. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Supervision sessions for all staff have been planned and are currently in progress. This will be monitored through Regulation 29 Visits by the senior team within Electus.
Area for improvement 2 Ref: Standard 23 Stated: Second time To be completed by: 15 September 2024	The registered person shall ensure there are clear documented processes for the prevention and treatment of pressure damage. This is in relation to the repositioning of patients. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: There had been supervision with staff in relation to the application of codes in the recording booklets as discussed during the inspection. Staff are aware to adhere to the codes provided in the booklet. Monitoring continues during daily walkrounds and Regulation 29 Visits.
Area for improvement 3 Ref: Standard 44 Stated: Second time To be completed by: 31 October 2024	The registered person shall ensure the premises remain well maintained and suitable for their stated purpose. Ref: 5.1 and 5.2.3 Response by registered person detailing the actions taken: Painters will be on site w/c 4/11/24 to address the areas discussed during the inspection. Replacement flooring for the lounges on the lower floor and one of the lounges in the upper floor will be actioned by the end of November 2024.
Area for improvement 4 Ref: Standard 48 Stated: Second time	The registered person shall ensure that all fire exits are free from obstacles. Ref: 5.1 and 5.2.3

To be completed by: With immediate effect (4 September 2024)	Response by registered person detailing the actions taken: New electrical points are being installed to prevent hoists being charged near fire exit doors, keeping fire exits free from hazards. This will continue to be monitored and reviewed by the Home Manager / Deputy Manager during daily walkrounds and by senior team during visits.
Area for improvement 5 Ref: Standard 41 Stated: Second time To be completed by: 15 September 2024	The registered person shall ensure an accurate record is kept of staff working over a 24-hour period and the capacity in which they were working in each of the suites in the home. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: The rota has been updated to reflect staff members' full name are noted on the rota. Where any staff are allocated to a different unit for any period of time during the shift, this is now reflected and fully visible on the rota.
Area for improvement 6 Ref: Standard 39 Stated: First time To be completed by: 30 September 2024	The registered person shall ensure all staff are suitably trained for their roles and responsibilities in a timely manner. Ref: 5.2.1
	Response by registered person detailing the actions taken: E-Learning overall is currently 89% for all topics and shows great improvement. Face-to-face training remains ongoing; Moving and Handling occurred on 11/10/24; COSHH occurred on 14/10/24 with further sessions planned. Safeguarding occurred on 11/10/24 with one further session to be booked to complete all outstanding staff. BLS: Further dates booked 30th October & 13th November to capture the remaining staff.
Area for improvement 7 Ref: Standard 40 Stated: First time To be completed by: 30 September 2024	The registered person shall ensure that all staff receive a timely appraisal of their role and a record is maintained. Ref: 5.2.1
	Response by registered person detailing the actions taken: Appraisals have commenced and are ongoing with completion anticipated by the end of 2024. This will be kept under review for compliance by the HR team at Electus.

<p>Area for improvement 8</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2024</p>	<p>The registered person shall ensure the environment is kept well maintained including, but not limited to, armchairs, lounge tables and an untidy outside area.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Any breached or damaged armchairs and bedside tables have been removed and replaced. The outside area has been weeded and sprayed. A decorative cover is currently being sourced for the grass bank area underneath the car park, with completion by the end of November 2024.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2024</p>	<p>The registered person shall ensure the home is kept clean and hygienic for its purposes, for example; unclean bed linen and bathrooms.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions have been held with all domestic staff in relation to cleaning practices. New bed linen is in place, any items no longer fit for purpose have been removed. The Home Manager / Deputy Manager will review the cleanliness of the Home during daily walkrounds. Senior team will also review on Regulation 29 Visits.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 44,3</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2024</p>	<p>The registered person shall ensure that all spaces in the nursing home are used for the purpose for which they are registered. This includes, but is not limited to, bathrooms, corridors and lounges.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: The boxes of decorations were removed from the lounge and the hoist was removed from the bathroom. Staff have been advised that hoists cannot be stored within the lounge or bathrooms areas.</p>

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