

Unannounced Care Inspection Report 11 February 2021



Abingdon Manor Care Centre

Type of Service: Nursing Home
Address: 949 Crumlin Road, Belfast, BT14 8FG
Tel No: 028 9071 7878
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 60 persons. The home is comprised of six ten bedded units; the Tyrone, Fermanagh and Londonderry units are lived in by individuals living with a learning disability; the Armagh unit is lived in by individuals living with

dementia; the Antrim and Down units are lived in by individuals who are aged over 65 years and in need of nursing care.

3.0 Service details

<p>Organisation/Registered Provider: Abingdon Manor Care Centre Ltd</p> <p>Responsible Individual: Colin Nimmon</p>	<p>Registered Manager and date registered: Julie McGlinchey 23 June 2017</p>
<p>Person in charge at the time of inspection: Julie McGlinchey</p>	<p>Number of registered places: 60</p> <p>20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites. 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite. 19 patients in category NH-LD, NH-LD(E) to be accommodated in the Tyrone & Fermanagh Suites. 10 patients in category NH-DE to be accommodated in the Armagh Suite. 1 additional named patient in category NH-PH to be temporarily accommodated.</p>
<p>Categories of care: Nursing Home (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. I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 57</p>

4.0 Inspection summary

An unannounced inspection took place on 11 February 2021 from 09.15 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

An area for improvement was identified regarding ensuring that care records accurately reflect the needs of any patient.

Patients said that they felt they were well cared for by staff and commented, “Very good here, staff always have time for you.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie McGlinchey, Manager, and Angela Dorrian, Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with eight patients individually and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to respond to RQIA online.

The following records were examined during the inspection:

- staff duty rotas from 1 to 11 February 2021
- three staff competency and capability assessments
- six patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- two staff recruitment and selection records
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that the staff rota information accurately reflects where staff are allocated to work whilst on duty. The rota information should include a list of abbreviations used.	Met
	Action taken as confirmed during the inspection: The review of the staff duty roster highlighted	

	which unit staff were allocated to work and a reference code was present.	
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6.2 Inspection findings

6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "You have time to actually care for your patients here."
- "Good information and training here, we're going things now due to Covid we would never have done before, we're more skilled"
- "I love it here, been here XX years, there's great teamwork."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis.

Staff recruitment information was available for inspection and records for two staff members evidenced that all relevant checks had been carried out as required. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

Discussion with the manager evidenced that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. The minutes of staff meetings which evidenced that the last staff meeting held was in January 2021. Staff confirmed that such meetings were held and that the minutes were made available.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control

procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE, PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "We do our infection prevention and control training on-line, there are notices on the staff information board reminding us to keep our training up to date."

Management have embraced the care partners' initiative and currently there are 28 care partners who visit and support their relatives. Visiting arrangements are pre-arranged with staff and visitors undergo the same symptom and temperature checks as staff.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. We observed that the dementia care unit had focal points of interest displayed for the patients to provide orientation and familiar images. There was also a multisensory room which is frequently used. We spoke to an activities coordinator who had accompanied a patient to use the sensory room. The staff member stated that patients enjoyed their time in the room and found it to be a relaxing experience. All areas within the home were observed to be free of any malodour and clean. Walkways throughout the home were kept clear and free from obstruction.

We reviewed the most recent fire risk assessment report. The assessment was carried out on 6 August 2020 by a fire risk assessor who is on a recognised register of fire risk assessors. The report's action plan listed a number of items requiring attention and remedial works and there was evidence that the items listed on the action plan had been signed off by the manager indicating that all items had either been addressed immediately or in the weeks immediately following the risk assessment.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner.

Some comments made by patients included:

- “They’re (staff) good.”
- “Couldn’t say a bad word about the home, everyone is very good.”
- “Food can be hit and miss but they try their hardest and I’m a fussy eater.”
- “Very good here, the staff always have time for you.”
- “Very good here, very friendly staff.”

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives or care partners visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients’ social, spiritual and recreational needs. A planned activities programme was displayed in the various units of the home.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal. Social distancing was maintained in the dining room and lounge areas during the mealtime.

There were no questionnaires completed and returned to RQIA by patients or their representatives prior to the issue of the report.

6.2.4 Care records

We reviewed six care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. However, evidence was present in a patient’s daily progress notes of a specific behaviour. A corresponding plan of care had not been written. This was discussed with the manager who stated that the patient did not need a plan of care in respect of responding to behaviours as this was not a challenge for staff. It was agreed that reference still should be made within the patient’s prescribed care records to offer guidance to staff in respect of potential triggers for the behaviour and how staff should support the patient. Care records should accurately reflect the needs of any patient. This has been identified as an area for improvement.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect

recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present. The review of completed risk assessments evidenced that for one particular area need the risk assessment, in use, was confusing. This was discussed with the manager and area manager who agreed to update the risk assessment so as to provide greater clarity.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "(Manager) is very approachable; you could go to her about anything."

There were numerous 'thank you' cards displayed and comments included:

- "Thank you for caring for XX, your professionalism and compassion are second to none."
Relative- January 2021
- "To all the staff, thank you for looking after XX during this most difficult time."
Relative- January 2021
- "Thank you for taking such good care of our XX, everyone made \xx and the family welcome and the loving care and attention XX got was noticed."
Relative- January 2021

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for November and December 2020 and January 2021 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

An area for improvement was identified regarding ensuring patient care records accurately reflect the needs of any patient.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

We provided feedback of the findings of the inspection to the manager and area manager. We discussed the areas of good practice and the area for improvement. The manager agreed with the findings of the inspection and agreed to address the area identified for improvement with staff.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie McGlinchey, Manager and Angela Dorrian, Area Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 8 March 2021	The registered person shall ensure that patient care records accurately reflect the needs of any patient. Ref: 6.2.4 Response by registered person detailing the actions taken: Meeting with staff nurses to discuss care records and to ensure that all needs of the patients are reflected in the care records . Manager to continue to audit care records.

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



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