

# Inspection Report

11 April 2024



## Abingdon Manor Care Centre

Type of service: Nursing

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Electus Healthcare (Abingdon) Ltd</p> <p><b>Responsible Individual:</b> Mr Ed Coyle</p>	<p><b>Registered Manager:</b> Mr Ray Wilson – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mr Ray Wilson – acting manager</p>	<p><b>Number of registered places:</b> 60</p> <p>A maximum of 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim &amp; Down Suites. A maximum of 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite.</p> <p>A maximum of 19 patients in category NH-LD, NH-LD(E) in the Tyrone &amp; Fermanagh Suites; and 1 named patient in category NH-PH to be accommodated in the Fermanagh Suite.</p> <p>A maximum of 10 patients in category NH-DE to be accommodated in the Armagh Suite.</p>
<p><b>Categories of care:</b> 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 59</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided in six 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 of people with physical disabilities. The Antrim and Down suites on the first floor provide general nursing care and the Armagh suite which is also on the first floor provides care for people with dementia.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 11 April 2024, from 7.30am to 2.10pm by two care inspectors.

RQIA received intelligence on 25 March 2024 which raised concerns in relation to staffing levels and moving and handling practise. In response to this information RQIA decided to undertake an inspection which focused on the concerns raised.

Areas requiring improvement were identified and are included in the body of the report and 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and staff were spoken with individually and in small groups about living or working in Abingdon Manor Care Centre. Feedback from patients was positive and there was mixed feedback from staff.

Patients were complimentary about the care they received, the meals provided in the home and their relations with staff saying “love it here” and “staff are very good”.

Staff were generally complimentary about the team work, the care provided to patients and the support from colleagues, however they raised concerns about staffing cover on units both during the day and at night. This is discussed further in section 5.2.1.

There were no responses received from the patient questionnaires or 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 8 & 9 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time	<p>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.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement has not been met. This is discussed further in section 5.2.3.</p> <p>This area for improvement has been stated for a third time.</p>	<b>Not met</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	<p>The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.</p> <p><b>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.</b></p>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time	<p>The registered person shall ensure staff receive supervision and records of the dates of completion is maintained.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> 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.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time	The registered person shall ensure that all fire exits are free from obstacles.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure all patient are offered a programme of meaningful activities on a regular basis.	Carried forward to the next inspection
	<b>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.</b>	
<b>Area for Improvement 6</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time	The registered person shall ensure the nursing home, including all spaces, is used only for the purpose for which it is registered.	Carried forward to the next inspection
	<b>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.</b>	

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Staff said there was good team work and that they felt well supported in their role however, some staff were dissatisfied with the staffing levels saying that there were not enough staff at night to cover breaks while meeting patients care requirements. The duty rota was reviewed and found that at times staff cover was not at a level to meet patient needs. This was brought to the attention of the management team for their review and action. An area for improvement was identified.

The staff duty did not accurately reflect the staff working in the home on a daily basis. The duty rota did not include the hours worked by the manager. The manager agreed to review the rota to include a rota for each unit which includes the manager's hours, the hours worked by bank staff and a key code. An area for improvement was identified.

It was observed that staff responded to requests for assistance in a caring and compassionate manner.

Staff said there was good team work and were observed working well together in the home throughout the inspection.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected 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.

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 an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.



### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was tidy, organised and warm. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

It was noted that two utility rooms containing fluid thickening powders and diet supplement drinks were unlocked. This was brought to the attention of the manager for his immediate action and this area for improvement has been stated for a third time.

### 5.2.4 Management and Governance Arrangements

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. Falls audits were discussed and the manager agreed to identify trend and patterns related to each suite.

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.

## 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
<b>Total number of Areas for Improvement</b>	4*	7*

\* the total number of areas for improvement includes one regulation that has been stated for a third time and two regulations and six standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ray Wilson, 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 Homes Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required (9 August 2024)	<p>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.</p> <p>5.1 and 5.2.2</p> <p><b>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.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Third time  <b>To be completed by:</b> Immediate action required (11 April 2024)	<p>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.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All Domestic staff underwent updating COSHH Training on 07.05.24 and ongoing vigilance/auditing by Acting Manager continues.            New Keypad locks have been fitted to store rooms and are being fitted to Unit kitchenettes. Acting Manager continues to monitor/audit. The senior manager completing the regulation 29 visit will also monitor during visits for compliance.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (9 August 2023)	<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><b>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.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (11 April 2024)</p>	<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: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Home is staffed at all times in accordance with legislated staffing requirements and residents dependency levels. Dependency levels are calculated and reviewed monthly, or if there is any change to individual residents dependencies or changes to overall occupancy. staffing is reviewed following calculations and staffed accordingly.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (9 August 2023)</p>	<p>The registered person shall ensure staff receive supervision and records of the dates of completion is maintained.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (9 August 2023)</p>	<p>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.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>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.</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.</p> <p>Ref: 5.1 and 5.2.3</p>

<b>To be completed by:</b> Immediate action required (9 August 2023)	<b>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.</b>
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (9 August 2023)	The registered person shall ensure that all fire exits are free from obstacles.  Ref: 5.1 and 5.2.4  <b>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.</b>
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (9 August 2023)	The registered person shall ensure all patient are offered a programme of meaningful activities on a regular basis.  Ref: 5.1 and 5.2.4  <b>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.</b>
<b>Area for Improvement 6</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (9 August 2023)	The registered person shall ensure the nursing home, including all spaces, is used only for the purpose for which it is registered.  Ref: 5.1 and 5.2.4  <b>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.</b>
<b>Area for Improvement 7</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (11 April 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: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Staff duty rota is maintained and displayed for staff reference. Duty Rota indicates which Unit staff are allocated to for each shift and a 24hr shift report is completed each day and retained within the Home. There is a code at the bottom of the duty rota to advise on which floor staff are to work, and also includes the highlighting of the Nurse in charge.

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



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