The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Abingdon Manor Care Centre

Provider: Electus Healthcare (Abingdon) Limited

Date of Inspection: 12 & 13 March 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Electus Healthcare (Abingdon) Limited
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Mrs Katrina McEvoy – not registered
Service Profile – 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 living with physical disabilities. The Antrim suite is situated on the first floor and provides general nursing care and the Armagh suite also situated on the first floor provides care for people with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 12 March 2025, from 9.20 am and 5.15 pm by care inspectors and on 13 March 2025 from 10:15 am to 3:35 pm by pharmacist inspectors.

The management of medicines was inspected to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to the management of medicines on admission to the home. Whilst an area for improvement was identified, there was evidence that with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

The care inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 and 4 September 2024; and to

determine if the home is delivering safe, effective and compassionate care and if the service is well led.

There was evidence that four areas for improvement were assessed as met by the Provider. While we found care to be delivered in a compassionate manner, a number of areas for improvement were stated for a second or third time and some new areas for improvement were also identified. Details can be found in the body of this report and in the Quality Improvement Plan in Section 4.

As a result of the care inspection RQIA required the Provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns meeting was held on 17 April 2025. Following discussions with the responsible individual and the manager, RQIA were satisfied with the assurances given and the decision was made to take no further enforcement action. Details can be found in the body of the report.

RQIA would like to thank the staff for their assistance throughout both days of the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care from staff, and there were enough staff if they needed them. Patients also told us the food was very good and they had a choice of meal. Patients had no concerns about the home but said they could go to staff if they were worried about anything.

Patients told us 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.

Patients told us that they were encouraged to participate in regular activities or could stay in their rooms if they preferred.

Staff spoken with said they received training for their roles and were provided with a handover at the start of their shift. Staff were complimentary about the support from the manager and said she was approachable and helpful. Staff also told us there was good team work with other staff on duty.

A visitor said they were happy with the care provided in the home. They told us that the home kept them informed if there were any changes to their relative's condition and said their relative was offered a choice of meals if they preferred an alternative to what was on the menu.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role.

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

Review of the record of staff training identified that not all mandatory training was completed in a timely manner, including, fire training and COSHH (Control of Substances Hazardous to Health). This area for improvement has been stated for a second time.

An area for improvement relating to staffing levels in the home, particularly over the night duty period, was first stated 11 April 2024 and remains unmet. At the meeting with RQIA the responsible individual and the manager confirmed that since the inspection staffing levels had been increased during the night time period to ensure the delivery of safe and effective care. This area for improvement has been stated for a third time.

The staff rota did not accurately reflect the staff working in the home on a daily basis. This is in relation to staff in one unit providing cover to another unit over the 24-hour period. This area for improvement has been stated for a third time.

Review of the system to manage the registration of nurses and care staff evidenced that this was completed appropriately.

3.3.2 Quality of Life and Care Delivery

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.

Staff were observed to be prompt in recognising patients' needs, including those patients who had difficulty in making their wishes or feelings known. Staff were understanding and sensitive to patients' needs.

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. Staff offered patients choice on how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and bed rails.

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 and their diet modified.

The dining experience was an opportunity for patients to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that dining tables and chairs were not available in all the units of the home to provide patients with the choice of where to take their meals. An area for improvement was identified.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious.

Staff understood that meaningful activity was not isolated to the planned social events or games.

The weekly programme of social events was displayed on the noticeboard to share with patients, families and staff advising of future events.

Observation of the planned activity, arts and crafts before lunch and armchair exercises after lunch, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly, however, appropriate care plans were not always in place and

repositioning records were not always completed to confirm that care had been delivered in line with patients' assessed needs. This area for improvement has been stated for a third time.

Nursing and care staff were able to describe what patient's care needs, preference and wishes were, but the care plans reviewed did not reflect this level of detail. This is in relation to moving and handling and eating and drinking care plans for modified diets. Feedback was provided to the manager and an area for improvement was identified.

Not all patients care records were held confidentially as repositioning records were not secured and patients personal information, such as date of birth, was displayed on their bedroom doors. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Review of records confirmed that environmental and safety checks were carried out, on a regular basis to ensure the home was safe to live in, work in and visit. For example, fire safety checks. However, it was noted that denture tablets were not always held securely in patient's bedrooms and that patients or visitors could easily access a storeroom and an electrical area. One area for improvement has been stated for a second time and a new area for improvement has been identified.

Some staff were seen to not be bare below the elbow as required by IPC measures and guidelines. This is in relation to staff wearing nail polish and jewellery. An area for improvement was identified.

Concerns were identified regarding the overall maintenance and cleanliness of the home's environment; for example, flooring required to be replaced, an outside area overlooked by patients was unkempt and other items of patient equipment and furniture required to either be thoroughly cleaned, repaired or replaced. Areas for improvement relating to maintenance, cleanliness and infection prevention measures were originally stated on 8 August 2023 and remain unmet. There was limited evidence available of management oversight/approval to ensure that wear and tear of the interior and exterior of the home was addressed in a timely manner. These concerns were discussed at the meeting on 17 April 2025. Assurances were provided by the responsible individual and the manager and a time bound action plan was shared. Three areas for improvement, stated previously, have been subsumed into areas for improvement under regulations and a further new area for improvement has been identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Katrina McEvoy has been the manager in this home since 27 May 2024.

Patients and staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place, however this did not identify the areas requiring

improvement detected during the inspection in regard to cleanliness, the environment and staffing concerns. An area for improvement was identified.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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, however, where action plans for improvement were put in place, these were not time bound to help drive improvement in the home. An area for improvement has been identified.

3.3.6 Medicines management

Monitoring and review of medicines management

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 may 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.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records 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 or hospital appointments.

The majority of personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A number of minor discrepancies were highlighted to nurses for immediate corrective action and on-going vigilance.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, thickening agents, insulin and epilepsy was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly. Some care plans needed updated with the most recent

prescription; this was highlighted to the nurse in charge for corrective action. Assurances were provided that the identified care plans would be updated immediately after the inspection.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined.

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 water were maintained. Staff advised that they had received training and felt confident to manage medicines and nutrition via the enteral route.

Supply, storage and disposal

Medicine 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.

Records reviewed showed that the majority of 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. One patient's pain medicine was out of stock; this did not result in any missed doses as the medicine had not been required. This was highlighted to the nurse in charge to investigate, rectify and ongoing vigilance.

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

Medicines administration

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.

A sample of the medicines administration records was reviewed. The records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/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 should be recorded in the controlled drug record book. One missed entry was identified; this was highlighted to the nurse in charge for immediate correction.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. Written consent and care plans were in place when this practice occurred.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on the majority of medicines. Staff were reminded of the importance of recording the date of opening on medicines to facilitate audit and disposal at expiry.

Transfer of medicines

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 arrangements to manage medicines at the time of admission, or for patients returning from hospital were reviewed. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. However, one personal medication record had not been accurately completed resulting in an error in the administration of one medicine. The inspector requested that this error was reported to the prescriber for guidance. An incident report detailing the action taken to prevent a recurrence was received by RQIA on 18 March 2025. Robust systems must be in place for the management of medicines on admission/re-admission to the home. An area for improvement was identified.

Management of medicines 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. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. 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 the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed.

Staff training in relation to the management of medicines

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 they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

Records of staff training in relation to medicines management, thickening agents, epilepsy awareness, and the administration of nutrition and medicines via the enteral route were available.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	11*

* the total number of areas for improvement includes one regulation and two standards that have been stated for a third time, and one regulation and one standard that have been stated for a second time. Three standards which were not met have been subsumed under the regulations.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Katrina McEvoy, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 20 (1) (a) **Stated:** Third time **To be completed by:** 20 March 2025	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. Ref: 3.3.1
	Response by registered person detailing the actions taken: Nursing and Care Assistant hours have been reviewed and increased, ensuring sufficient cover to meet the needs of residents.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** Second time	The Registered Person shall ensure hazards such as denture cleaning tablets are stored safely. Ref: 3.3.4

To be completed by: With immediate effect (12 March 2025)	**Response by registered person detailing the actions taken**: All denture tablets are now stored in the utility room on each unit which remians locked and secure at all times.
Area for improvement 3 **Ref:** Regulation 27 (2) (b) (d) **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall, having regard to the number and needs of patients, ensure that the premises to be used as the nursing home are of sound construction and kept in a good state of repair externally and internally and all parts of the nursing home are kept clean and reasonably decorated. Ref: 3.3.4
	Response by registered person detailing the actions taken: An action plan has been devised to address any estates issues within the home and is currently being actioned. Daily walkrounds continue by the Home Manager/Deputy Manager with areas being spot checked regularly and issues addressed and escalated if necessary.
Area for improvement 4 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** With immediate effect (12 March 2025)	The Registered Person shall ensure access to electrical control panels and toiletries are secure. Ref: 3.3.4
	Response by registered person detailing the actions taken: The electrical control panels are secured with a keycoded padlock. All toiletries have been removed from clients bathrooms and are kept in the utility room, which remians locked and secure at all times.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 41 **Stated:** Third time **To be completed by:** 31 March 2025	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: 3.3.1
	Response by registered person detailing the actions taken: The rota template has been modified to indicate clearly which staff are on shift and the unit they are allocated to work in. A key has been added to the bottom of the rota to allow understanding of the abrevations used on the rota.

Area for improvement 2 **Ref:** Standard 23 **Stated:** Third time **To be completed by:** 20 March 2025	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: 3.3.3
	Response by registered person detailing the actions taken: Repositioning charts are being spot checked on a daily basis during walkarounds by the Home Manager/Deputy Manager along with the nurse in charge. Supervisions have also been carried out with all staff.
Area for improvement 3 **Ref:** Standard 39 **Stated:** Second time **To be completed by:** 30 March 2025	The Registered Person shall ensure all staff are suitably trained for their roles and responsibilities in a timely manner. Ref: 3.3.1
	Response by registered person detailing the actions taken: Both face to face training and E-Learning compliance are being monitored on a weekly basis. A planner has been put in place for upcoming face to face training sessions.
Area for improvement 4 **Ref:** Standard 43 **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall ensure suitably furnished dining rooms are available in all units to provide choice for patients on where to take their meals. Ref: 3.3.2
	Response by registered person detailing the actions taken: A refurbishment plan is now in place for the dining areas within the home, with curtains and furniture on order.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall ensure care plans include sufficient detail to direct patient care. This is in relation to moving and handling and modified diets. Ref: 3.3.3
	Response by registered person detailing the actions taken: All careplans for each resident are being reviewed and revised to ensure they are person centred, consistent and sufficiently detailed.
Area for improvement 6 **Ref:** Standard 37	The Registered Person shall ensure that any record in the home which details patient information is securely stored in accordance with the General Data Protection Regulation

Stated: First time **To be completed by:** 31 March 2025	(GDPR) and best practice guidance and that records are not accessible to visitors to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: GDPR supervisions have been carried out with staff. Keypad locks have been installed on the nurses stations doors that are located on each unit. Computer screens are password protected on each unit.
Area for improvement 7 **Ref:** Standard 44 **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall ensure the chipped bath, bathroom and bedroom flooring and bed frames are repaired. Ref: 3.3.4
	Response by registered person detailing the actions taken: An action plan has been devised to address any estates issues within the home and is currently being actioned by the maintenance man and external contractors.
Area for improvement 8 **Ref:** Standard 46.2 **Stated:** First time **To be completed by:** 15 March 2024	The Registered Person shall ensure staff adhere to hand hygiene best practice of being bare below the elbow as set out in the Northern Ireland Regional IPC Guidance 2025. Ref 3.3.4
	Response by registered person detailing the actions taken: Hand hygiene Audits continue on each unit as part of the governance programme. Daily spot checks continue during walk arounds by Home Manager/ Deputy Manager. During daily flash meetings IPC is discussed and staff nurses to also spot check for bare below the elbow.
Area for improvement 9 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 31 March 2025	The Registered Person shall ensure a robust system for reviewing the quality of care, other services and staff practices is in place and actions required followed up in a timely manner. This is in regards to cleanliness, maintenance of the environment and appropriate staffing levels. Ref: 3.3.5
	Response by registered person detailing the actions taken: Dependency scores are reviewed on a monthly basis to ensure appropriate staffing levels.

	Cleaning is spot checked on daily walkrounds and cleaning records are reviewed and signed weekly by the home manager. A maintenace log book is now in place to provide better oversight of maintenance in the home. Any issues identified by staff or during walkrounds are documented and followed up accordingly.
Area for improvement 10 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 13 March 2025	The Registered Person shall ensure the safe management of medicines during a patient's admission or readmission to the home. Ref: 3.3.6
	Response by registered person detailing the actions taken: Medication supervisions have been completed with the staff nurses and shared learning discussed in regards to a clients medication on admission. Nurses are to continue check the prescriptions and directions with another registered nurse and must double sign. It is now in place when there is a new admission that the prescription, MAR and Kardex are reviewed the next working day by the Home Manager and Deputy manager.
Area for improvement 11 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 13 March 2025	The Registered Person shall ensure were any governance process identifies deficits a timebound action plan is implemented to help drive improvements. Ref: 3.3.5
	Response by registered person detailing the actions taken: Monitoring plan based on REG 29 reports is now in place and is updated and reviewed on a weekly basis. Action plans are devised where indicated during governance and are reviewed on a weekly basis to provide oversight and to drive completion in a timely manner.

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

The Regulation and Quality Improvement Authority

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