

Unannounced Care Inspection Report 21 June 2016



Abingdon Manor Care Centre

Type of Service: Nursing (NH)

Address: 949 Crumlin Road, Belfast, BT14 8FG.

Tel No: 02890717878

Inspector: Sharon Mc Knight

1.0 Summary

An unannounced inspection of Abingdon Manor took place on 21 June 2016 from start time 09:30 hours to end time 17:15 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the home confirmed that the premises and grounds were well maintained.

There were no areas of improvement identified in the delivery of safe care.

Is care effective?

Evidenced gathered during this inspection confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. A review of care records confirmed that patients were comprehensively assessed and care plans created to prescribe care. There were arrangements in place to monitor and review the effectiveness of care delivery. Patients and staff were of the opinion that the care delivered provided positive outcomes.

We examined the systems in place to promote effective communication between staff, patients and relatives. An area for improvement was raised by staff in the returned questionnaires with regard to the effectiveness of staff handover reports. A recommendation was made that the registered manager should monitor the handover reports to ensure they are effective and staff are provided with the necessary information.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. A recommendation was made to review the provision of activities when the activity leader was off duty to ensure that activities were provided and recognised by all staff as an integral part of the care process

Systems were in place to ensure that patients, and relatives, were involved and communicated with regarding day to day issues affecting them. Patients spoken with commented positively in regard to the care they received.

Is the service well led?

There was a clear organisational structure evidenced within Abingdon Manor and staff were aware of their roles and responsibilities. A review of care observations confirmed that the home was operating within the categories of care for which they were registered and in accordance with their Statement of Purpose and Patient Guide.

There was evidence of good leadership in the home and effective governance arrangements. Staff spoken with were knowledgeable regarding the line management structure and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. There were systems in place to monitor the quality of the services delivered.

There were no areas of improvement identified in the domain of well led.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Claire Moore, registered 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 November 2015. This inspection resulted in no requirements or recommendations being made.

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

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Abingdon Manor Care Centre Ltd Colin Nimmon – responsible person	Registered manager: Claire Moore
Person in charge of the home at the time of inspection: Claire Moore	Date manager registered: 18 June 2013
Categories of care: NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI	Number of registered places: 60

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with fourteen patients individually and with others in small groups, five registered nurses, nine care staff, two housekeeping staff and one patient's relative.

Eighteen questionnaires were issued to relatives and twelve to staff with a request that they were returned within one week from the date of this inspection.

The following information was examined during the inspection:

- three patient care records
- staff duty roster for the week commencing 20 June 2016
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of audit
- records of staff meetings

- reports of monthly visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 November 2015.

The most recent inspection of the home was an unannounced care inspection. This inspection resulted in no requirements or recommendations being made.

4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients.

A review of the staffing roster for week commencing 20 June 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that administrative, catering, domestic and laundry staff were on duty daily. There was one member of staff employed to deliver activities. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; nine were returned following the inspection. All of the respondents indicated that there were sufficient staff to meet the needs of the patient.

Patients and the one relative spoken with during the inspection commented positively regarding the staff and care delivery. Eighteen questionnaires were issued to relatives across the six units in the home; nine were returned in time for inclusion in this report. Six relatives indicated that there were sufficient staff to meet the needs of the patients. Three relatives did not feel there were sufficient staff. Comments provided included:

“...although my ... is well cared for – 2 members of staff is often not enough especially when one member is on lunch.”

“...staff could spend more time one to one with residents.”

“The staff do what they can when they can. ...2 members of staff are simply not enough as they can only be reactive and not proactive when daily duties need to be carried out...”

The comments received, and the identity of the units there related to, were discussed with the registered manager.

As two of the questionnaires were returned anonymously it was agreed that the registered manager would display a notice in the identified unit inviting any relatives who had concerns to meet with her.

The registered manager and registered nurses spoken with were aware of who was in charge of the home when the manager was off duty. The nurse in charge on day and night duty was clearly identified on the staffing roster. Discussion with three registered nurses who were given the responsibility of being in charge of the home in the absence of the manager confirmed that they had been given the relevant information to undertake the role and were knowledgeable regarding management situations.

A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. The record maintained of Access NI checks was reviewed and evidenced that the certificate had been checked prior to the candidate commencing employment.

Discussion with the registered manager and a review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed. The registered manager was knowledgeable regarding the management of the Northern Ireland Social Care Council (NISCC) registration process for newly employed care staff.

Discussion with the registered manager and staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. The registered manager explained that the induction process commenced with a short session which focused on areas of potential high risk within the home. Staff were guided through some identified policies, for example fire, fire evacuation and the safeguarding policy. The staff supervision arrangements for each unit were also discussed and explained. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme the registered manager signed the record to confirm that the induction process had been satisfactorily completed.

Mandatory training was provided by the home in classroom based sessions. The registered manager had systems in place to monitor staff attendance and compliance with training. These systems included a training matrix to facilitate an over view and the signing in sheets from each training to evidence staff attendance. Mandatory training for 2016 was ongoing.

Training opportunities were also provided by the local health and social care trust. The registered manager explained that the Belfast health and social care trust (BHSCT) nursing home support team arranged training throughout the year. Dates and details of the planned training were provided to the home quarterly and staff were supported to attend.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered nurses, care staff and laundry staff were aware of whom to report concerns to within the home. Annual refresher training was considered mandatory by the home. The registered manager explained that four staff were booked to attend an awareness sessions on the recently updated “Adult Safeguarding: Prevention and Protection in Partnership 2015” in October and November 2016. The policy for adult safeguarding had been reviewed and reissued earlier in June 2016 to reflect the updated guidance and terminology.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient’s individual care plans.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of accidents to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients’ bedrooms, lounges, bathrooms and toilets. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. All of the responses we received in the returned questionnaires confirmed that this was normal for the home.

Fire exits and corridors were observed to be clear of clutter and obstruction.

There were no issues identified with infection prevention and control practice.

Areas for improvement

No areas for improvement were identified in the assessment of safe care during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

A review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patients’ nursing needs was commenced at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process. Care records were regularly reviewed and updated, as required, in response to patient need.

We reviewed how one risk, identified following an incident, was managed. Care records evidenced that a referral had been made to the relevant health care professional and additional precautions implemented for the interim period.

It was good to note that the care records had been reviewed and updates to reflect the identified risk and an additional risk assessment completed.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. There were systems in place to restrict access to the nursing offices when staff were not present thus maintaining patient confidentiality in relation to the storage of records.

There was evidence within the care records of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Additional records such as repositioning charts and food and fluid intake charts were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping.

Observations evidenced that call bells were answered promptly and patients requesting assistance in the lounge areas or their bedrooms were responded to appropriately. Patients were confident of the ability of staff to meet their need effectively and in a timely manner. Patients were satisfied that staff responded to call bells promptly.

The serving of lunch was observed in the Tyrone and Fermanagh suites. Staff were observed to encourage and gently prompt patients to eat their meal in addition to providing full assistance to those patients who required this level of support. Lunch was observed to be well organised with all of the patients being attended to in a timely manner. There was a choice of two dishes; all were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch.

The registered manager confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff spoken with confirmed that a verbal handover took place and a written handover report completed every 24 hours for the registered manager. In the questionnaires issued to staff we asked if they received an effective handover at the start of each shift. Four of the nine staff who completed questionnaires replied "no" to this question. Comments included:

"A better handover from all staff nurses on every shift would be great."

"I just feel some staff could give more info for day staff starting our day shift."

"Some staff are too busy talking amongst themselves..."

These comments were shared with the registered manager who agreed to monitor the handover reports to ensure they are effective and staff are given the necessary information. A recommendation was made.

The registered manager confirmed that staff meetings were held regularly with staff. Records of the issues discussed and agreed outcomes were maintained. The most recently recorded meeting was a general staff meeting held on 16 May 2016.

Prior to this, a meeting with the registered nurses took place on 19 November 2015 and with care staff on 16 October 2015. Minutes of these meetings, detailing who had attended and the

areas discussed, were available. The registered manager explained that they also met informally with staff on a regular basis.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff confirmed that if they had any concerns, they would raise these with the registered manager.

Areas for improvement

The registered manager should monitor the handover reports to ensure they are effective in providing staff with the necessary information.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed numerous occasions when staff offered patients' choice and took time to find out what the patients wanted. We observed one example where assisted technology had provided a patient with significance independence. It was obvious from discussion with the patient that the level of independence they now had with simple everyday task, such as turning on lights and opening and closing window blinds, had impacted positively on their feeling of self-worth. The suggestion by staff for this technology was commended.

Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:

"They keep the home tidy and do a great job helping me."

"You couldn't meet better staff."

"They've all helped me settle in very well."

Patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. As previously discussed in section 4.4 observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

We spoke with the relative of one patient who commented positively with regard to the standard of care and communication in the home.

They confirmed that they were made to feel welcome when visiting and were confident that if they raised a concern or query with the registered manager or staff, their concern would be addressed appropriately.

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. The registered manager has regular, daily contact with the patients and visitors and was available, throughout the day, to meet with both on a one to one basis if needed. Patients spoken with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with.

The registered manager explained that, in the past, when they arranged meetings for relatives the attendance was poor; no one attended the last meeting they had arranged. They explained that, in an attempt to create a forum relatives would want to attend they decided to form a relatives' support group. The first meeting took place on 13 April 2016. The registered manager explained that during this meeting they realised that, in order to support the relatives in the way they needed, involvement from external agencies would be required. The registered manager made contact with the Dementia Society who provided a five week programme for carers. The registered manager explained that the carers support group has also provided opportunities for relatives to meet with one and other. The membership of the group is open to all relatives/patient representatives and the group are currently deciding which area of care could be considered next.

The registered manager explained that quality assurance questionnaires were sent out annually to relatives. These were completed in January 2016, the results had been analysed and the action taken by the registered manager recorded. The results were included in the Annual Quality report for the period January – December 2015. We discussed how this report could be shared with relatives and visitors and the benefits of doing so.

Displayed in the foyer of the home was the outline of a tree. The registered manager explained that they had introduced the "decision making tree" as an initiative to involve patients and their relatives/ representatives in decisions effecting them. There was a supply of labels for patients and their relatives to write their choice on and then hang them on the tree; the decision being made at the time of the inspection was where to go on the next bus run. The three most popular destinations as requested by the patients were displayed and patients and their relatives were asked to indicate their choice. Another decision made by using the tree was the date of the next carers support group.

The provision of activities was discussed with the registered manager who confirmed that a member of staff was employed to deliver activities; they were off duty on the day of the inspection. We noted, as we visited each unit, that whilst staff were engaging with the patients in informal interactions there were no meaningful activities taking place. This was discussed with the registered manager who informed us they had discussed the provision of activities at a recent staff meeting. It was agreed that the registered manager would review the provision of activities when the activity leader was off duty to ensure that activities were provided and recognised by all staff as an integral part of the care process. A recommendation was made.

Eighteen relative questionnaires were issued; three for each unit in the home. Nine were returned within the timescale for inclusion in this report. Six respondents indicated they were satisfied with the care provision. The following is a comment included.

"The service is very good for ..."

Three of the respondents indicated that the delivery of safe and effective care could be improved. Comments provided with regard to the provision of staff have been discussed within the domain of safe in section 4.3. Comments made with regard to individual patient care were discussed at length with the registered manager prior to the issue of the report.

Fifteen questionnaires were issued to staff; nine were returned within the timescale for inclusion in this report. All staff were of the opinion that care was safe, effective and compassionate and that the service was well led. Comments provided within the domain of effective are discussed in section 4.4

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards received:

“You and the entire nursing staff have done a wonderful job and have certainly contributed to mum’s remarkable recovery – for that we will always be grateful.”

“Your staff deserve the highest praise. You are so lucky to have such a wonderful staff team of dedicated and caring people.”

Areas for improvement

The provision of activities when the activity leader is off duty should be reviewed to ensure that activities are provided and recognised by all staff as an integral part of the care process.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were displayed and available in the reception area of the home.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home.

Staff spoken with were knowledgeable regarding the line management arrangements and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships; staff stated that management were responsive to any suggestions or concerns raised.

The registered manager explained that they had regular, daily contact with the patients and visitors and were available, throughout the day, to meet with both on a one to one basis if needed. It was obvious as the registered manager showed us around the home that the patients were familiar with her.

Patients spoken with confirmed that she was always approachable and regularly available in the home to speak with. We also sought relative and staff opinion on leadership in the home via questionnaires. As previously discussed in section 4.5; nine relatives assessments of safe, effective and compassionate care varied from excellent - good to require improvement. All of the relatives assessed the domain of well led as either excellent or good. Eight staff completed questionnaires and indicated an assessment for well led of either excellent or good.

Patients and one relative spoke with were aware of how to raise a complaint and were confident that staff and/ or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was and reported that they would have daily contact.

A record of complaints was maintained. The record included the date the complaint was received, the nature of the complaint, details of the investigation and action taken, if any. The record also indicated how the registered manager had concluded that the complaint was closed. There were numerous thank you cards and letters received from former patients and relatives; examples of these have been included in the previous domain.

There were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

The registered manager discussed the systems she had in place to monitor the quality of the services delivered. A programme of audits was completed on a monthly basis. Areas for audit included care records, wound management and the occurrence of accidents and incidents. Discussion with the registered manager confirmed that where an area for improvement was identified there was evidence of re-audited to check that the required improvement had been completed.

The unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any identified areas for improvement.

A policy meeting is held regularly and attended by the home owner, responsible person, regional manager, HR manager and the registered manager. The registered manager explained that the agenda is set by the HR manager with opportunities for the registered manager to include items. Agenda items included safeguarding, recruitment and policy review. Minutes were available of these meetings.

Communication between the responsible person and registered manager was discussed. The registered manager explained that a weekly report was completed and sent every Monday to the responsible person. The report included patient and management issues; for example staffing, complaints, adult safeguarding, serious adverse incidents (SAI) and any inspections completed in the home were also commented on. The registered manager explained that, whilst there was regular contact with the responsible person throughout the week, this formal report ensured they were kept informed of the operational issues in the home.

Areas for improvement

No areas for improvement were identified in the assessment of well led during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Claire Moore, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for review by the inspector..

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2016</p>	<p>It is recommended that the registered manager monitor the handover reports to ensure they are effective in providing staff with the necessary information.</p> <p>Response by registered provider detailing the actions taken: Handover is being monitored at present. All staff nurses have been sent memos in relation to the importance of handover all of which have been signed and returned to the Nurse Manager.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2016</p>	<p>It is recommended that the provision of activities when the activity leader is off duty is reviewed to ensure that activities are provided and recognised by all staff as an integral part of the care process.</p> <p>Response by registered provider detailing the actions taken: The importance of meaningful activities for all residents has been highlighted to all staff. The provision of a bank activity therapist may be reviewed if activity therapists are off duty due to prolonged absence/sick leave.</p>

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