

Inspection Report

11 August 2022



Abingdon Manor Care Centre

Type of service: Nursing (NH)
Address: 949 Crumlin Road, Belfast, BT14 8FG
Telephone number: 028 9071 7878

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Electus Healthcare (Abingdon) Ltd</p> <p>Responsible Individual: Mr Edmund Coyle (Applicant)</p>	<p>Registered Manager: Ms Julie McGlinchey</p> <p>Date registered: 23 June 2017</p>
<p>Person in charge at the time of inspection: Ms Laura Owens, Nursing Sister</p>	<p>Number of registered places: 60</p> <p>This number includes:</p> <ul style="list-style-type: none"> • 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI accommodated in the Antrim & Down suites • 10 patients in category NH-PH, NH-PH(E) accommodated in the Londonderry suite • 19 patients in category NH-LD, NH-LD(E) accommodated in the Tyrone & Fermanagh suites • 10 patients in category NH-DE accommodated in the Armagh suite • one additional named patient in category NH-PH to be temporarily accommodated
<p>Categories of care: Nursing (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 DE – dementia I – old age not falling within any other category TI – terminally ill</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 55</p>

Brief description of the accommodation/how the service operates:

Abingdon Manor Care Centre is a registered nursing home which provides nursing care for up to 60 patients. The home is divided into six suites over two floors.

On the ground floor the Tyrone and Fermanagh suites provide care for people with learning disabilities. The Londonderry suite provides care for people with physical disabilities.

On the first floor the Antrim and Down suites provide general nursing care. The Armagh suite provides care for people with dementia.

2.0 Inspection summary

An unannounced inspection took place on 11 August 2022, from 10.15am to 3.45pm. The inspection was completed by two pharmacist inspectors and focused on the management of medicines.

Following discussion with the aligned care inspector it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next inspection.

At the last medicines management inspection on 13 January 2022 robust arrangements were not in place for all aspects of medicines management. Areas for improvement were identified in relation to: governance and audit; the standard of maintenance of the personal medication records and records of disposal; medicines storage; refrigerator temperatures and the management of thickening agents. Following the inspection, the medication related issues were discussed with the senior pharmacist inspector in RQIA. It was decided that the manager and nurses would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The findings of this inspection indicated that improvements in the standard of maintenance of medicine records, the management of thickening agents and refrigerator temperatures had been made. However, any improvements in the storage arrangements for medicines which were implemented had not been sustained. Discrepancies in the administration of several medicines were identified at the inspection indicating that the auditing system was not robust. Two areas for improvement in relation to governance and audit and the storage of medicines have been stated for a second time.

Safe systems were not observed for the management and administration of medicines. There was lack of oversight and governance in relation to medicines and staff required additional training on how to identify and escalate issues. In addition to the two restated areas for improvement, new areas for improvement were identified with regards to: the management of medicines on admission, care planning in relation to adding medicines to food/drinks, the administration of bisphosphonates and staff training on how to recognise issues and when to escalate to management.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. As a consequence of the inspection findings, RQIA invited the responsible individual (applicant), Mr Edmund Coyle, to attend a serious concerns meeting on 19 August 2022.

The meeting was attended virtually by Mr Edmund Coyle, Responsible Individual (Applicant), Mrs Julie McGlinchey, Registered Manager, Ms Angela Dorrian, Operations Manager and Ms Sharon Butler, Non-executive Director. At the meeting, an action plan was provided which detailed an account of the actions that had been taken to date and the arrangements that had been made to ensure the improvements necessary to achieve full compliance with the relevant regulations and standards were discussed. The responsible individual (applicant) agreed that the action plan would be further developed. A copy of the revised action plan was forwarded to RQIA on 26 August 2022. RQIA accepted the revised action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Abingdon Manor Care Centre and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to enforcement.

RQIA would like to thank the patients and staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with four nurses, the nursing sister and the peripatetic manager.

Staff were warm and friendly and it was evident from discussions that they knew the patients well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

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 21 July 2022		
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow. 	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the personal medication records are accurate and up to date.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has now been met. See Section 5.2.1	
Area for Improvement 3 Ref: Regulation 13 (4)	The registered person shall ensure that records for the prescribing and administration of thickening agents are accurately maintained.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement has now been met. See Section 5.2.2	
Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the medicines refrigerator temperature is accurately monitored each day and corrective action taken if temperatures outside the required range are observed. Action taken as confirmed during the inspection: There was evidence that this area for improvement has now been met. See Section 5.2.3	Met
Area for Improvement 5 Ref: Regulation 13 (4) Stated: First time	The registered person should implement a robust auditing system which covers all aspects of the management and administration of medicines, including those detailed in the report. Action plans to address any shortfalls should be developed and implemented. Action taken as confirmed during the inspection: The findings of the inspection indicated that the auditing system was not robust. This area for improvement has not been met and is stated for a second time. See Section 5.2.4	
Area for Improvement 6 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times. 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.	Carried forward to the next inspection

Area for Improvement 7 Ref: Regulation 13 (1) (a) (b) Stated: First 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. 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.	Carried forward to the next inspection
Area for Improvement 8 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent. 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.	Carried forward to the next inspection
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 39.9 Stated: Second time	The registered person shall ensure that mandatory training requirements are met. 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.	Carried forward to the next inspection
Area for Improvement 2 Ref: Standard 30 Stated: First time	The registered person shall ensure that medicines are stored safely in accordance with infection prevention and control standards and disposed of when expired. Action taken as confirmed during the inspection: Some improvements in the storage arrangements for medicines were observed at the inspection.	Partially met

	<p>Systems were in place to ensure that medicines were disposed of when expired. However, further sustained improvements are necessary.</p> <p>This area for has been partially met and is stated for a second time.</p> <p>See Section 5.2.3</p>	
<p>Area for Improvement 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records for the disposal of medicines are accurately maintained.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has now been met.</p> <p>See Section 5.2.1</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff compliance with hand hygiene and the use of personal protective equipment (PPE) is monitored to ensure the necessary improvements are sustained.</p> <p>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.</p>	Carried forward for review at next inspection
<p>Area for improvement 5</p> <p>Ref: Standard 18.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices.</p> <p>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.</p>	Carried forward for review at next inspection
<p>Area for improvement 6</p> <p>Ref: Standard 35.3</p>	<p>The registered person shall ensure that the process for recording and monitoring incidents in the home is reviewed to ensure it meets the needs of the service.</p>	Carried forward for review at next inspection

Stated: First time	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.	
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5.2 Inspection findings

5.2.1 Personal medication records and records for the disposal of medicines

Personal medication records were in place for all patients selected for review. These records are 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 and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date; some small discrepancies were highlighted to staff to be addressed following the inspection. The personal medication records had been verified and signed by two nurses at the time of writing and at each update in order to ensure accuracy of transcribing.

The filing system had been reviewed and streamlined to ensure that only up to date protocols (for the management of pain, distressed reactions, epilepsy, covert administration and home remedies) were available in the medicines file. The personal medication records were filed adjacent to the medication administration records so that they could be used as part of the administration of medicines process.

Improvements were observed in the records for the disposal of medicines. The date and reason for disposal were recorded. A separate book was used to record the disposal of controlled drugs in Schedules 2, 3 and 4 (Part 1). This provided evidence that the controlled drugs were denatured prior to disposal.

5.2.2 The management of thickening agents

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for four patients. Speech and language assessment reports and care plans were in place. The recommended consistency level was recorded on the personal medication records and the medication administration records.

5.2.3 Medicines storage

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer.

Satisfactory recordings were observed for both refrigerators on the day of the inspection. However, in one treatment room the maximum temperature was consistently recorded as above 9°C for a number of months; nurses had not taken any corrective action and the issue had not been identified through the home's audit processes indicating that they were ineffective. The issue was highlighted at a recent community pharmacist advice visit and corrective action was then taken. As detailed in Section 5.2.4, nurses should receive guidance on when to escalate medicine related issues to management. Assurances were provided that the management audits will include reviewing the daily refrigerator temperatures from the date of the inspection onwards.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Medicine trolleys were organised so that medicines belonging to each patient could be easily located. Staff advised that the treatment rooms had been cleaned and decluttered following the last inspection but that it was difficult to sustain the improvements due to the lack of storage space. As identified at the last inspection, the treatment rooms needed to be decluttered to ensure that infection prevention and control standards are achieved. Single use medicine cups should not be re-used. Spacer devices and inhaler mouthpieces should be cleaned /replaced regularly. The area for improvement in relation to the storage of medicines has been stated for a second time.

Assurances were provided that the management audits will include oversight of the storage arrangement for medicines.

5.2.4 Governance and audit

A number of the audits completed at the inspection indicated that medicines had not been administered as prescribed. Discrepancies were identified in the administration of bisphosphonates, medicines on admission, inhaled medicines, liquid medicines and medicines supplied in the monitored dosage system. The manager was requested to investigate some of these discrepancies, report to the prescriber for guidance and forward incident reports of the findings and action taken to prevent a recurrence to RQIA. This incident reports were received by RQIA on 17 August 2022.

Although auditing systems were in place they were not effective. Some of the medication errors identified at this inspection, such as missed doses, would have been clear to all nurses involved in the administration of medicines from observation of the medicine records and blister packs. However, they had not taken corrective action or escalated the errors to the manager. Nurses should receive guidance on the action to be taken when an error is identified. The area for improvement in relation to governance and audit was stated for a second time and a new area for improvement in relation to staff training was identified.

5.2.5 Other areas reviewed

Management of medicines on admission

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. As identified in Section 5.2.4, shortfalls in the management of medicines for patients new to the home were identified.

For one patient a discrepancy between the medicines supplied on admission and the list received from the GP was not followed up by the nursing staff. One medicine had been out of stock for five days and another medicine had not been administered for 14 days without explanation. These findings were investigated following the inspection. The outcome of the investigations was forwarded to RQIA on 15 August 2022. The registered person must review the management of medicines on admission to the home. Any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed. An area for improvement was identified.

The management of bisphosphonate medicines

The majority of bisphosphonate medicines are prescribed to be administered at weekly intervals. Prompts were in place to remind nurses when to administer these medicines, this is good practice. However, as identified in Section 5.2.4, discrepancies in the administration of bisphosphonates for four patients were identified at the inspection. There were missed signatures for administration and the audits completed at the inspection showed that the medicines had not been administered as prescribed. Nurses had either not noticed the missed signatures or had not taken any corrective action when they saw the missed signatures. The registered person must review the management of bisphosphonates to ensure they are administered as prescribed. An area for improvement was identified.

The administration of medicines in food/drink

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. Details should be clearly recorded in the patient's care plan.

A small number of patients have their medicines crushed and added to food/drink to assist administration. For one patient a sustained release tablet was being crushed. The suitability of crushing this tablet had not been confirmed with the pharmacist and a detailed care plan was not in place. For a number of other patients care plans did not contain sufficient detail to direct the safe administration of medicines in food/drinks.

The registered person must ensure that detailed care plans are in place when medicines are administered in food/drink to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist. An area for improvement was identified.

6.0 Quality Improvement Plan/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, April 2015

	Regulations	Standards
Total number of Areas for Improvement	8*	6*

* the total number of areas for improvement includes two which have been stated for a second time and eight which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Laura Owens, Nursing Sister, Mrs Vera Ribeiro, Peripatetic Manager and Mrs Angela Dorrian, Operations 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 Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediate action required	The registered person should implement a robust auditing system which covers all aspects of the management and administration of medicines, including those detailed in the report. Action plans to address any shortfalls should be developed and implemented. Ref: 5.1 & 5.2.4
	Response by registered person detailing the actions taken: A new monthly auditing tool has been devised and implemented and will be completed monthly thereafter. An action plan will be devised with any identified issues and acted upon ASAP. All residents have had an individual audit completed and actioned by nursing staff.
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required (21 July 2022)	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow.
	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. Ref: 5.1
Area for improvement 3 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: Immediate action required (21 July 2022)	The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times.
	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. Ref: 5.1

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<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>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (21 July 2022)</p>	<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>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.</p> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person must review the management of medicines on admission to the home. Any discrepancies must be followed up in a timely manner to ensure that medicines are administered as prescribed.</p> <p>Ref: 5.2.4 & 5.2.5</p> <p>Response by registered person detailing the actions taken: Supervision with all nurses to ensure that medications on admission to the home are received with discharge letter from hospital or GP list if client coming from home. The prescription and medication received to be reviewed on admission and any discrepancies discussed with the GP at the earliest opportunity.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person must review the management of bisphosphonates to ensure they are administered as prescribed.</p> <p>Ref: 5.2.4 & 5.2.5</p>

To be completed by: Immediate action required	Response by registered person detailing the actions taken: The times for biophosphontes administration have been changed and they are audited daily to ensure administered as prescribed.
Area for improvement 8 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediate action required	The registered person must ensure that detailed care plans are in place when medicines are administered in food/drink to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist. Ref: 5.2.5 Response by registered person detailing the actions taken: Care plans have been reviewed and updated to reflect when medications are administered in food or drinks.
Action required to ensure compliance with The Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: Immediate and ongoing	The registered person shall ensure that medicines are stored safely in accordance with infection prevention and control standards and disposed of when expired. Ref: 5.1 & 5.2.3 Response by registered person detailing the actions taken: There is a new cleaning schedule in place for trollies and clinical rooms . Manager will spot check on daily walk arounds. All nurses informed at supervision to ensure stock rotation and expiry dates checked and ensure safe disposal of expired medications.
Area for improvement 2 Ref: Standard 39.9 Stated: Second time To be completed by 31 August 2022	The registered person shall ensure that mandatory training requirements are met. 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. Ref: 5.1
Area for improvement 3 Ref: Standard 46.2	The registered person shall ensure staff compliance with hand hygiene and the use of personal protective equipment (PPE) is monitored to ensure the necessary improvements are sustained.

Stated: First time To be completed by: Immediate action required (21 July 2022)	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. Ref: 5.1
Area for improvement 4 Ref: Standard 18.7 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices. 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. Ref: 5.1
Area for improvement 5 Ref: Standard 35.3 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that the process for recording and monitoring incidents in the home is reviewed to ensure it meets the needs of the service. 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. Ref: 5.1
Area for improvement 6 Ref: Standard 39 Stated: First time To be completed by: 31 August 2022	The registered person shall ensure that nurses receive guidance on the action to be taken when they identify a shortfall in the management or administration of medicines. Ref: 5.2.3 & 5.2.4 Response by registered person detailing the actions taken: All nurses had supervision and further pharmacy training, detailing actions to be taken when any discrepancies or short falls were noted in the management or administration of medications. Auditing tools implemented to ensure strict auditing of boxed /liquid medications.

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