

Inspection Report

29 November 2022



Abingdon Manor Care Centre

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

www.rqia.org.uk

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</p>	<p>Registered Manager: Ms Angela Dorrian, Acting</p>
<p>Person in charge at the time of inspection: Ms Angela Dorrian, Acting Manager</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): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia LD – learning disability LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years TI – terminally ill</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 56</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>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.</p>	

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 follow-up inspection took place on 29 November 2022, from 10.15am to 2.45pm. The inspection was completed by two pharmacist inspectors and focused on the management of medicines.

The purpose of this inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection will be followed up at the next inspection.

The findings of the medicines management inspection on 11 August 2022 indicated that safe systems were not in place 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. Two areas for improvement in relation to governance and audit and the storage of medicines were stated for a second time. In addition, 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, Mr Edmund Coyle, to attend a serious concerns meeting on 19 August 2022.

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 action plan was further developed and a copy of was forwarded to RQIA on 26 August 2022. RQIA accepted the revised action plan and assurances provided by the management team. 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 completed to ensure that improvements had been implemented and sustained.

The outcome of this inspection found that the auditing system was effective in identifying and addressing medication related issues and incidents. Staff were trained and competent in medicines management and were aware that any issues needed to be escalated to the management team. Medicines, including bisphosphonates, were administered as prescribed. The majority of records were well maintained and safe systems were in place for the management of medicines on admission to the home. Medicines were stored securely and in accordance with infection prevention and control guidance.

However, one area for improvement in relation to care planning for adding medicines to food/drink was assessed as partially addressed and is stated for a second time. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is will led by the management team in relation to medicines management. The management team advised that the current level of audit activity will be continued in order to ensure that the improvements made are sustained and embedded into practice.

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 five nurses, the manager and the quality assurance manager.

Nurses 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.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management in order to do so. They said that the team communicated well and the management team were 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 the last inspection?

Areas for improvement from the last inspection on 11 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. See Section 5.2.1	
Area for Improvement 2 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 3 Ref: Regulation 21 (1) (b) Stated: First time	<p>The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times.</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>	Carried forward to the next inspection
Area for Improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time	<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>	Carried forward to the next inspection
Area for Improvement 5 Ref: Regulation 14 (2) (a) (c) Stated: First time	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.</p> <p>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>	Carried forward to the next inspection
Area for Improvement 6 Ref: Regulation 13 (4) Stated: First time	<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>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p>	Met

	See Section 5.2.2	
Area for Improvement 7 Ref: Regulation 13 (4) Stated: First time	<p>The registered person must review the management of bisphosphonates to ensure they are administered as prescribed.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p> <p>See Section 5.2.3</p>	Met
Area for Improvement 8 Ref: Regulation 13 (4) Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been partially met. It is stated for a second time.</p> <p>See Section 5.2.4</p>	Partially met
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: Second time	<p>The registered person shall ensure that medicines are stored safely in accordance with infection prevention and control standards and disposed of when expired.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement has been met.</p> <p>See Section 5.2.5</p>	Met
Area for improvement 2 Ref: Standard 39.9 Stated: Second time	<p>The registered person shall ensure that mandatory training requirements are met.</p>	Carried forward

	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.	to the next inspection
Area for Improvement 3 Ref: Standard 46.2 Stated: First time	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.	Carried forward to the next inspection
	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.	
Area for Improvement 4 Ref: Standard 18.7 Stated: First time	The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices.	Carried forward to the next inspection
	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.	
Area for Improvement 5 Ref: Standard 35.3 Stated: First time	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.	Carried forward to the next inspection
	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.	
Area for Improvement 6 Ref: Standard 39 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met. See Section 5.2.1	

5.2 Inspection findings

5.2.1 Governance and audit

The auditing systems had been reviewed and revised following the last medicines management inspection. Daily, weekly and monthly audits which covered all aspects of the management and administration of medicines were completed by management and nursing staff. Actions plans to address any identified shortfalls had been developed and shared with staff for implementation.

Nurses advised that they had received training on the identification of medication incidents and errors. They said that there was a learning culture in the home and that they escalated any errors/discrepancies to management to drive continuous improvement.

The majority of the audits completed at the inspection indicated that medicines were administered as prescribed indicating that the revised auditing systems were effective. Some minor discrepancies, which included medication administration records, were brought to the attention of the manager and quality assurance manager for ongoing close monitoring.

It was agreed that the current level of auditing would continue to ensure that the improvements noted at the inspection are sustained.

5.2.2 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.

The management of medicines on admission was reviewed for two patients. Written confirmation of their prescribed medicines had been received. The personal medication records had been verified and signed by two nurses to ensure accuracy of transcription. Medicines had been accurately received into the home and administered as prescribed. Nurses were reminded that the month and year must be accurately recorded on hand-written medication administration records.

5.2.3 The management of bisphosphonate medicines

The management of bisphosphonates was reviewed for five patients. These medicines must be administered separately from food and other medicines as instructed by the manufacturer. Prompts were in place to remind nurses when to administer these medicines. Records of administration and running stock balances were maintained. The audits completed at the inspection indicated that safe systems are now in place for the management of bisphosphonate medicines.

5.2.4 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.

The administration of medicines in food/drink was reviewed for five patients. The suitability of crushing medicines or adding them to food/drink had been confirmed with the GP/pharmacist for all five patients. However, care plans were not in place for two patients.

This area for improvement was assessed as partially met and is therefore stated for a second time. The management team advised that the care plans would be put in place without delay and that continued compliance would be monitored through the audit process.

5.2.5 Medicines storage

Medicines 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.

The records inspected showed that medicines were available for administration when patients required them. Nurses advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Significant improvements in the storage arrangements for medicines were observed at the inspection. The treatment rooms had been decluttered and deep cleaned. Dressings had been moved to a separate room in order to create more space and a new controlled drugs cabinet had been installed. A cleaning schedule was in place to ensure that infection prevention and control standards were achieved.

The medicines 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.

Review of the daily recordings for the maximum, minimum and current refrigerator temperatures showed that medicines requiring cold storage were stored between 2°C and 8°C to maintain their stability and efficacy.

Appropriate arrangements were in place for the disposal of medicines.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	5*	4*

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

The restated area for improvement and details of the Quality Improvement Plan were discussed with Ms Angela Dorrian, Acting Manager, and Ms Vera Ribeiro, Quality Assurance Manager, as part of the inspection process.

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 (29 November 2022)	<p>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.</p> <p>Ref: 5.1 & 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager ensures that when a resident requires medication to be administered with food / drinks or this to be crushed to facilitate administration, documentation is in place and there is evidence of review and agreement by GP and Pharmacist.</p>
Area for Improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: Immediate action required (21 July 2022)	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <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. <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>
Area for Improvement 3 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: Immediate action required (21 July 2022)	<p>The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times.</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>

Area for Improvement 4 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediate action required (21 July 2022)	<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>
Area for Improvement 5 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required (21 July 2022)	<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>
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 39.9 Stated: Second time To be completed by: 31 August 2022	<p>The registered person shall ensure that mandatory training requirements are met.</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> <p>Ref: 5.1</p>
Area for Improvement 2 Ref: Standard 46.2 Stated: First time To be completed by: Immediate action required (21 July 2022)	<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> <p>Ref: 5.1</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 18.7</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</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> <p>Ref: 5.1</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</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> <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> <p>Ref: 5.1</p>

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