

# Unannounced Care Inspection Report 24 & 25 April 2017



## Abingdon Manor Care Centre

Type of Service: Nursing (NH)  
Address: 949 Crumlin Road, Belfast, BT14 8FG.  
Tel No: 02890717878  
Inspector: James Laverty

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced care inspection of Abingdon Manor Care Centre took place on 24 April 2017 from 10.00 to 16.00 and 25 April 2017 from 10.00 to 15.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. All staff spoken with were knowledgeable in relation to their specific roles and responsibilities. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

### Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. Shortfalls were identified in relation to the storage of chemicals which were not stored in adherence with Control of Substances Hazardous to Health (COSHH) Regulations. Weaknesses were also observed with regards to the locking of several fire doors in keeping with necessary fire safety measures. Two requirements were made.

### Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with members of the multidisciplinary team such as G.P.s, dieticians and speech and language therapists (SALT). All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

No requirements or recommendations were made in this domain.

### Is care compassionate?

The interpersonal contact between staff and patients was observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Deficits were noted in relation to effectively integrating activities into the planning and delivery of care. A recommendation was stated for the second time.

### Is the service well led?

There was evidence that systems and processes were in place to help promote the delivery of safe, effective and compassionate care. Discussion with staff evidenced that there was a clear organisational structure within the home. There were also systems in place to monitor and report on the quality of nursing and other services provided.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff members and trust representatives. Complaints were managed in accordance with legislation. Notifiable events were reported to RQIA or other relevant bodies appropriately. Weaknesses were identified with regards to regular auditing of the registration status of nursing staff with the Nursing and Midwifery Council (NMC). Shortfalls were also noted in relation to record keeping for the induction of staff within the home. One requirement and one recommendation were made.

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 DHSSPS Care Standards for Nursing Homes 2015.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	2*

\*The total number of requirements and recommendations includes one recommendation which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Julie McGlinchey, manager, and Angela Dorrian, area 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 medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 July 2016. There were no requirements or recommendations arising from this inspection. 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

<b>Registered organisation/registered person:</b> Abingdon Manor Care Centre Ltd Colin Nimmon	<b>Registered manager:</b> See Below
<b>Person in charge of the home at the time of inspection:</b> Julie McGlinchey	<b>Date manager registered:</b> Julie McGlinchey – registration pending
<b>Categories of care:</b> NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI	<b>Number of registered places:</b> 60  20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites. 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite. 19 patients in category NH-LD, NH-LD(E) to be accommodated in the Tyrone & Fermanagh Suites. 10 patients in category NH-DE to be accommodated in the Armagh Suite. 1 additional named patient in category NH-PH to be temporarily accommodated.

## 3.0 Methods/processes

Prior to the inspection we reviewed the following information:

- notifiable events submitted 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
- pre-inspection audit

During the inspection we met with 13 patients, four relatives, four nursing staff, nine care staff, two activity therapists and one visiting professional.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Questionnaires were left with the manager for distribution to patients, their representatives and staff.

The following information was examined during the inspection:

- three patient care records
- staff duty rotas for the period 17 April 2017 to 30 April 2017
- staff training records

- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- monthly monitoring reports in keeping 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 05 July 2016**

The most recent inspection of the home was an unannounced medicines management inspection.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 21 June 2016**

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 41 Stated: First time	It is recommended that the registered manager monitor the handover reports to ensure they are effective in providing staff with the necessary information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff evidenced that hand over reports were taking place at the beginning of each shift and were considered effective in providing the majority of staff with the necessary information to carry out their caring duties.	
<b>Recommendation 2</b> Ref: Standard 11.5 Stated: First time	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.	<b>Not Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and staff confirmed that there is a range of planned individual and group activities for patients. The home employs two activity therapists who work throughout the home. Nonetheless, weaknesses were noted with regards to integrating activities into the planning and delivery of care. Please refer to section 4.5. for further detail.</p> <p>This recommendation has not been met and is therefore being stated for the second time.</p>	
--	---	--

### 4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A sample of duty rotas for the period 17 April 2017 to 30 April 2017 were reviewed and evidenced that planned staffing levels were adhered to. Discussion with patients, staff and representatives during the inspection evidenced that there were no concerns expressed by them regarding staffing levels. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of records evidenced that a competency and capability assessments had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. Fire exits and corridors were observed to be clear of clutter and any obstruction. Weaknesses were observed in relation to two different fire doors which should have been locked but were observed to be unlocked despite keys sitting within the locking mechanism. The importance of ensuring that staff adhere to all necessary fire precaution measures in order to ensure that it is embedded into practice was discussed with the manager and area manager. A requirement was made.

It was observed that one utility room, one activities room and two linen stores were untidy and cluttered. This was brought to the attention of the manager and area manager and all areas were appropriately tidied before the completion of the inspection. The manager was encouraged to ensure that these areas are kept tidy and free from clutter at all times. Incontinence products were found to be stored in adherence with best practice guidance on infection, prevention and control (IPC). Commodes were also noted to be clean and stored appropriately. Observation of wheelchairs being used throughout the home evidenced that they were fit for purpose and used safely at all times. During the inspection it was also observed that the underside of a number of shower chairs were stained and required to be cleaned. This was discussed with both the manager and area manager and immediately addressed. The

importance of ensuring that shower chairs are cleaned effectively in keeping with IPC best practice was stressed and agreed upon.

During a review of the environment the inspector identified one area where patients could potentially have had access to harmful chemicals. This was discussed with the manager and a requirement was made to ensure Control of Substances Hazardous to Health (COSHH) regulations were adhered to. The area identified on inspection was addressed on the day of inspection.

### Areas for improvement

The registered persons must ensure that all fire doors which are identified as needing to be locked are kept locked at all times.

The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.4 Is care effective?

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Discussion with a visiting professional confirmed that staff regularly adhere to; and follow instructions relating to patient care from members of the multidisciplinary team.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. A meeting for nursing staff was conducted on 27 January 2017 and one for care staff was conducted on 8 February 2017. The area manager informed the inspector that a general staff meeting was recently conducted although the minutes were not available on the day of the inspection. Staff confirmed that such meetings were held and that the minutes were made available. A review of records also evidenced that patient and/or relatives meetings were held regularly and that minutes were available.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as G.P.s, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. A review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. A review of one patient's care records evidenced that nursing staff did assess the patient's need for appropriate individual and group based activities. This information was evident within a related care plan and accurately reflected comments made by the patient's care manager prior to admission during a care management review. However, weaknesses were identified with regards to how this information was relayed to and subsequently implemented by activity therapy staff. This matter is discussed further in section 4.5.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.5 Is care compassionate?

Staff interactions with patients were observed to be effective, timely and compassionate. Patients were afforded choice, privacy, dignity and respect. Patients who were spoken with expressed confidence in the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"The nurse looks after me."

"...nurses are nice."

"Staff are brilliant."

"It's very nice."

"Staff are pleasant."

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Staff generally demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork. Staff comments included:

"It's a top home."

"...well supported."

"Good teamwork within the home."

"The home's fantastic."

"One of the best run care homes."

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report eight patients and seven staff had returned their questionnaires. The questionnaire responses generally ranged from 'satisfied' to 'very satisfied' in relation to the care being provided.

Weaknesses were identified in relation to integrating activities into the planning and delivery of care. While there was evidence within patient records that the emotional and social needs of patients following their admission was assessed for, along with the need for a structured activity programme, a deficit was identified with respect to how this information was relayed to activity therapy staff and therefore implemented and reviewed. One patient's care records noted that 'one to one' activities with the activity therapist should be organised "as soon as

possible. The patient's pre admission assessment also identified several activities which the patient was known to enjoy. Discussion with the activity therapist who was typically assigned to that unit highlighted that she was unaware of this information. There was also no evidence of any formal activity plan for the patient. A review of a second patient's care records also highlighted that no structured activity plan was in place despite assessments which clearly indicated that the patient could, on occasion, display distressed reactions and would respond well to appropriate diversional techniques. Further discussions with both of the activity therapists highlighted that they would typically work in isolation from one another and would usually communicate via an activity therapy diary. Both staff expressed a desire to have more regular meetings with one another and the manager in order to ensure that activities within the home were being provided in a co-ordinated and effective manner. This information was shared with both the manager and area manager during the inspection. Both activity therapy staff also confirmed that it was not normal practice for them to attend hand over meetings with nursing staff at the commencement of their shift. This was discussed with the manager and area manager and it was stressed that activity therapy staff should be effectively updated at the commencement of any shift in order to carry out the duties of their role.

Following discussion with nursing and care staff it was further highlighted that there was an inconsistent approach with regards to the implementation of activities and the subsequent recording of such activities in the absence of activity therapy staff. Staff spoken with had differing and conflicting understandings of who was responsible for delivering such care and where it should be recorded whenever activity therapists were not on duty. A recommendation was restated.

### Areas for improvement

No new areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Discussion with the manager confirmed that her application to become the registered manager was in progress.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the manager confirmed that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. A review of the complaints records confirmed that they were being appropriately recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. It was confirmed that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Records were reviewed with regards to the recruitment and selection of staff. Staff spoken with confirmed that they had only commenced employment once all the relevant checks had been completed. A review of recruitment records also evidenced that enhanced criminal records checks were completed with Access NI and included the reference number and date received. Records further demonstrated that appropriate checks were made with the NMC and the Northern Ireland Social Care Council (NISCC) prior to new staff commencing employment within the home in order to ensure that they were suitable for employment. Deficits were identified with regards to regular auditing of the ongoing registration status of nursing staff with the NMC by the manager. Records indicated these checks were not being carried out on a regular basis. A requirement was made.

Shortfalls were also noted in relation to record keeping for the induction of staff within the home. Selection and recruitment records for one member of care staff highlighted that no record of their induction was available. A recommendation was made.

### Areas for improvement

The registered persons must ensure that there is a robust process in place to ensure that the ongoing registration status of nursing staff with the NMC is regularly and effectively audited.

The registered persons should ensure that a written record is maintained of inductions given to all staff following the commencement of employment.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Julie McGlinchey, manager and Angela Dorrian, area 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/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time <b>To be completed by:</b> 25 April 2017	<p>The registered persons must ensure that all fire doors which are identified as needing to be locked are kept locked at all times.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b>            Notices are posted on identified doors that need to remain locked. Staff meetings were held to remind staff of this requirement. This is also included in the weekly Managers Audit.</p>
<b>Requirement 2</b> <b>Ref:</b> Regulation 14 (2) (a)(c) <b>Stated:</b> First time <b>To be completed by:</b> 25 April 2017	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p><b>Ref: Section 4.3</b></p> <p><b>Response by registered provider detailing the actions taken:</b>            There was a lock on the identified door in the Unit. Staff reminded of COSHH Regulations at staff meetings. This is included in the weekly Managers Audit.</p>
<b>Requirement 3</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> First time <b>To be completed by:</b> 25 April 2017	<p>The registered persons must ensure that there is a robust process in place to ensure that the ongoing registration status of nursing staff with the NMC is regularly and effectively audited.</p> <p><b>Ref: Section 4.6</b></p> <p><b>Response by registered provider detailing the actions taken:</b>            NMC Register was up to date and will be audited monthly.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 11.5 <b>Stated:</b> Second time <b>To be completed by:</b> 25 April 2017	<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><b>Ref: Section 4.5</b></p> <p><b>Response by registered provider detailing the actions taken:</b>            A Daily Activities Sheet is in place for staff to evidence activities.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that a written record is maintained of inductions given to all staff following the commencement of employment.</p> <p><b>Ref: Section 4.6</b></p>
<p><b>To be completed by:</b> 25 April 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> All staff will have a written record of inductions following commencement of employment.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 [@RQIANews](https://twitter.com/RQIANews)