Unannounced Care Inspection Report
3 – 4 June 2019

Abingdon Manor Care Centre

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

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 60 persons. The home is comprised of six ten bedded units; the Tyrone, Fermanagh and Londonderry units are lived in by individuals living with a learning disability; the Armagh unit is lived in by individuals living with dementia; the Antrim and Down units are lived in by individuals who are aged over 65 years and in need of nursing care.

3.0 Service details

Organisation/Registered Provider: Abingdon Manor Care Centre Ltd **Responsible Individual:** Colin Nimmon	**Registered Manager and date registered:** Julie McGlinchey 23 June 2017
Person in charge at the time of inspection: Julie McGlinchey	**Number of registered places:** 60 consisting of NH-PH, NH-PH(E), NH-LD, NH-LD(E), NH-DE, NH-I, NH-TI 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.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** Day 1 of the inspection – 57 patients Day 2 of the inspection – 58 patients

4.0 Inspection summary

An unannounced inspection took place on 3 June 2019 from 09.25 to 15.45, and on 4 June 2019 from 09.20 to 15.00.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of the last premises inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to monitoring the professional registration of staff, the reporting of notifiable incidents, staff communication and collaboration with the multi-professional team. Further areas of good practice were also found in regard to the provision of compassionate care, staff communication with patients, complaints management and staff meetings.

With regard to care delivery, areas requiring improvement were identified in relation to wound care, falls management, restrictive practice, management of behaviours which challenge and nutritional care.

In relation to the premises, two areas for improvement identified at the previous premises inspection (9 January 2018) were assessed as met.

Patients generally described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them, and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*2	3

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Julie McGlinchey, manager, during the inspection. The inspection findings were also discussed with both Angela Dorrian, Area Manager, and Colin Nimmon, Responsible Individual following the inspection, 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.

4.2 Action/enforcement taken following the most recent inspection dated 6 December 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 6 December 2018. No further actions were required to be taken following that inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home. Six questionnaires were completed during the inspection from which some comments are included in the body of this report. No staff questionnaires were returned with the timescale for inclusion in this report.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The following records/areas were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- accident and incident records
- three patients' care records including supplementary wound & nutritional records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- refurbishment action plan 2018 - 2019

Areas for improvement identified at the last care and premises inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the manager and area manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement six were met and one was not met and has been included in the QIP at the back of this report.

Areas for improvement identified at the previous premises inspection have been reviewed. Of the total number of areas for improvement two were met.

There were no areas for improvement identified as a result of the last finance inspection.

There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing levels within the home were discussed and reviewed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. Feedback from the manager highlighted that she completed a monthly assessment which considered the dependency of patients. However, this information was not being used in a meaningful way so as to help inform ongoing staffing arrangements within the home. This was discussed with the area manager and responsible individual who provided assurance that further training was provided to the manager in this area. The dependency of patients is also to be reviewed as part of monthly monitoring reports which are referenced further in section 6.6 of this report.

Feedback from staff evidenced that they received regular support and guidance through the process of both supervision and appraisal. Each staff member stated that they could speak to the manager or their line manager if they had a concern. One staff member stated “Julie (the manager) is very approachable.”

Staff also confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Thorough induction records were in place, where required, for agency staff employed within the home.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. However, it was noted within the March 2019 falls audit that although some deficits were highlighted, a corresponding action plan was not generated to address this. This shortfall forms part of an area for improvement relating to falls which is discussed further in section 6.4.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. The manager advised that the ASC position report would be compiled within expected timescales. While feedback from the majority of staff who were spoken with provided assurances that they knew how to recognise and respond to any potential incidents of abuse, such feedback was not entirely consistent. Two staff who were spoken with demonstrated an inadequate understanding of when to report a safeguarding concern. This was discussed with the manager who advised following the inspection, that new posters were erected in all nursing units to promote the home's zero tolerance of abuse policy. The manager also confirmed that further adult safeguarding training for staff had been scheduled for 11th June.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) as required.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis with the most recent check having been conducted on 31 May 2019.

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 warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. All infection prevention and control areas for improvement which were identified at the previous care inspection had been addressed.

Observation of the environment and staff confirmed that Control of Substances Hazardous to Health (COSHH) regulations were being adhered to.

It was also noted that a new nursing station had been installed within the Armagh unit which would allow nursing staff to maintain a more consistent presence within that part of the home. The manager provided assurances that completion of this new station would be achieved within the next two weeks.

It was noted that bespoke artwork had been carried out on the communal walls within some parts of the home. Feedback from the area manager following the inspection confirmed that this work, which had been temporarily suspended due to unforeseen circumstances, would recommence in July 2019. However, it was observed that ongoing refurbishment was required in places, specifically those units for people living with a learning disability or dementia. Further improvement to the decorative quality of the multi-sensory room was also required. These observations were discussed with the manager and it was agreed that a refurbishment plan would be submitted to RQIA. The area manager updated RQIA following the inspection in regard to ongoing environmental improvments within the home. These will be reviewed alongside progress of the refurbishment plan at the next care inspection.

It was also observed that two communal lounges within the home had no nurse call lead for patients to access the nurse call system, if needed. While there was a consistent staff presence in each unit throughout the inspection, and no patients/relatives raised any concerns in regard to staff availability, the need to ensure that patients have adequate access to the nurse call system was agreed.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff further evidenced that fire training had been effectively embedded into their practice.

Following the premises inspection on 9 January 2018, a range of areas for improvement had been highlighted concerning the internal environment. Review of the environment and feedback received following the inspection confirmed that all of these areas were either addressed or in the process of being addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and the reporting of notifiable incidents.

Areas for improvement

No new areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from staff indicated that there was effective communication concerning the assessed needs of patients. Nursing staff stated that they had to attend a handover meeting at the start of each shift and ensured that care staff were appropriately updated following this. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN), dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. One nurse stated “We’re well supported … the nursing home support team from the Belfast Trust really help.”

Review of the care records for one patient who had specific sleeping preferences, and discussion with staff, confirmed that appropriate and robust arrangements were in place to manage this need.

It was noted that the majority of care records are maintained electronically by staff although some are still retained in hard copy format. The care records for one patient requiring wound care were reviewed. While the patient’s dressing regimen was generally adhered to, this was not achieved in a consistent manner. It was also noted that while the patient’s wound was being appropriately

dressed, the wound care plan did not accurately reference TVN recommendations. It was also highlighted that wound care plans were in use simultaneously and therefore potentially confusing for staff. While the patient's pain was being assessed by staff, the need for a corresponding care plan was stressed. In addition, review of a monthly wound care audit completed in April 2019 highlighted that it failed to identify this patient's inadequate care plan – this is also referenced in section 6.6 of this report. An area for improvement was stated for a second time.

The care records for one patient who had experienced a recent fall were reviewed. These records, in addition to discussion with nursing staff, highlighted an inadequate knowledge/implementation of the home's post falls management policy. The need to ensure that all relevant assessments for those patients who are assessed at being at risk of falling are regularly reviewed was stressed. Review of a monthly falls audit completed in March 2019 also lacked a robust action plan to address the identified improvements needed. The manager advised us during the inspection that a newly revised policy for the neurological observation of patients following a fall was in the process of being introduced. An area for improvement was made.

The care records for one patient who required the use of a lap belt were reviewed. While a care plan was in place which required staff to release the belt, under supervision, every two hours, there was no monitoring record to evidence this. An area for improvement was made.

The care records for one patient who displayed behaviours which staff found challenging were reviewed. While care staff displayed a good understanding of the patient's needs, they did express some uncertainty as to how best to manage the patient's needs on occasion. It was further noted that there was no appropriate care plan in place to address this assessed need. An area for improvement was made.

The care records for one patient who required support with nutritional needs were reviewed. These records evidenced ongoing collaboration with the multi-professional team. Governance records confirmed that a relevant audit had been robustly completed by the manager on 6 May 2019. The care records for one patient assessed as being at risk of choking were reviewed. A person centred care plan was in place.

The management of patients requiring the use of enteral feeding was also considered. Care records evidenced that the patient was receiving their prescribed enteral feed as appropriate. However, care records and feedback from staff highlighted that staff monitoring of the patient's skin at the enteral site and in regard to recording all instances of offering the patient oral nutrition was inadequate. An area for improvement was made.

Management of Healthcare Acquired Infections (HCAI) was discussed with the manager and nursing staff. While these provided assurance that these were being effectively managed, it was noted that some additional HCAI records were being routinely maintained for no meaningful reason. The manager agreed to review this practice and determine if the identified records were necessary.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication and collaboration with the multi-professional team.

Areas for improvement

One area for improvement was stated for second time in relation to wound care. Areas for improvement were also identified in regard to falls management, restrictive practices, behaviours which challenge and nutritional care.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be timely, compassionate and caring. Several patients who were spoken with were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

All five patient questionnaires which were completed during the inspection confirmed that patients were very satisfied that they were receiving safe care. One patient stated "Yes I do, no problems that way."

When patients were asked if they felt their care was compassionate, all respondents expressed a high level of satisfaction. Responses included:

- "They (the staff) do … they're very good."
- "They're kind enough."

In addition, one patient's relative stated "I'm really happy with it (the home) … it's really good."

The provision of activities was also considered. At present, there are two activity therapists employed within the home who generally work on different days from Monday to Friday. Feedback from one of the activity therapists highlighted that the activity therapists focus on "big events" and large group activities which they considered to be "working well." The activity therapist also confirmed that the multi-sensory room is used – the décor of this room is referenced further in section 6.3.

During the inspection, the lay assessor observed an animated group of seven patients and the activity therapist in the internal garden enjoying a cup of tea and a chat. Review of the environment highlighted inadequate activities signage throughout the home. Feedback from staff and the manager also confirmed that there were inadequate arrangements within each unit to ensure that a person centred, varied and achievable activities programme was in use. This was discussed with the area manager and responsible individual following the inspection who confirmed that a revised activities schedule was now in place throughout the home. This will be reviewed during a future care inspection.

The provision of lunch was also observed. Staff appeared knowledgeable about the dietary needs of patients, the majority of whom appeared to prefer to dine within communal lounges. Staff were observed assisting patients in a compassionate, discreet and caring manner. Following the inspection, the area manager advised RQIA that new crockery was in place for those patients living with dementia and that new menu cards/menu boards had also been put in place where needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and staff communication with patients.

Areas for improvement

No new areas for improvement were highlighted in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management were responsive to any suggestions or concerns raised. 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.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced 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. Records confirmed that all complaints were reviewed on a monthly basis by the registered manager.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks had been carried out as required.

Discussion with the manager evidenced that staff meetings were held on a regular basis and that minutes/records of attendance were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager confirmed that the equality data collected was managed in line with best practice guidance.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to the internal environment, falls management, wound care and restrictive practices. However, some of these audits, specifically, wound care & falls audits, were not completed in a robust manner. While a new wound care auditing tool had been introduced, it was noted that the tool did not require the auditor to confirm that staff were (1) achieving compliance with the prescribed dressing regimen, and (2) regularly assessing for any wound associated pain. The area manager was advised of this and agreed to review the tool.

Review of the monthly monitoring reports were then reviewed. While records confirmed that these had been completed, they did not effectively identify and/or address the highlighted shortfalls referenced in this report relating to governance audits by the manager and the lack of a sufficiently robust activities programme. This was discussed with both the manager, area manager responsible individual. It was agreed that the area manager would focus on these areas as part of her monthly visits and submit a copy of the monthly report to RQIA until further notice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management and staff meetings.

Areas for improvement

No new areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie McGlinchey, Manager, Angela Dorrian, Area Manager, and Colin Nimmon, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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 (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 12 (1) (a)(b) **Stated:** Second time **To be completed by:** With immediate effect	The registered persons shall ensure the following in relation to patients receiving wound care: • that care plans clearly reference distinct wounds, as appropriate, and that review of such care plans are carried out in a meaningful manner by nursing staff • that nursing staff will carry out wound care to patients in compliance with the existing wound care plan and/or in compliance with multiprofessional recommendations • that patients' pain will be appropriately risk assessed and care planned, as appropriate, as part of overall wound care management Ref: 4.0, 6.4, 6.6
	Response by registered person detailing the actions taken: A new wound care audit tool has been implemented. This audit tool reflects that the care plans clearly reference distinct wounds, the dressings are changed in accordance to the prescibed care plan and that the patients pain is assessed and reflective pain management is adhered too.
Area for improvement 2 **Ref:** Regulation 13 (1) (a)(b) **Stated:** First time **To be completed by:** With immediate effect	The registered persons shall ensure the following in relation to the management of patients who experience a witnessed/unwitnessed fall: • that all relevant handling assessments will be reviewed in a timely manner • that staff will carry out/document any required post fall neurological observations in keeping with best practice guidance/home policy • that robust governance arrangements will be implemented & maintained in relation to assuring that the home's falls policy is effectively embedded into practice and that falls are robustly audited on a monthly basis Ref: 4.0, 6.4 & 6.6
	Response by registered person detailing the actions taken: The homes falls policy was updated 4th June 2019 and all nurses are familiar with the new policy. The falls audit tool has been updated and reflects if neurological observations were recorded in keeping with best practice . Falls are audited on a monthly basis and any deficits in recording of falls addressed with each nurse.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 18 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a comprehensive and person centred care plan is in place for the management of restrictive practices, specifically the use of lap belts. Supplementary records relating to the monitoring the use of lap belts should also be accurately and contemporaneously maintained where appropriate. Ref: 4.0, 6.4
	Response by registered person detailing the actions taken: Manager will ensure that a care plan audit is completed on a monthly basis to ensure a comprehensive person centred care plan is in place for the management of restrictive practices ensuring supplementary records are in place where appropriate.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that a comprehensive and person centred care plan is in place for the management of behaviours which challenge. This prescribed care should also be effectively embedded into practice. Ref: 4.0, 6.4
	Response by registered person detailing the actions taken: Manager will ensure that a care plan audit is done on a monthly basis to ensure that there is a person centred care plan in place for the management of behaviours which challenge.
Area for improvement 3 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following for those patients who require enteral feeding: • that staff regularly observe and record any required checks of the enteral site • that staff regularly and contemporaneously record any assistance being given to the patient in relation to oral nutrition (as appropriate) Ref: 4.0, 6.4
	Response by registered person detailing the actions taken: Manager will audit enteral feeding on a monthly basis to ensure checks of site are being recorded and where appropriate oral intake is being monitored closely.

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

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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