Abingdon Manor Care Centre
**RQIA ID:** 1049
Antrim & Down Suite
949 Crumlin Road
Belfast BT14 8FG

**Inspector:** Sharon McKnight
**Inspection ID:** IN021914

**Tel:** 02890717878
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# Unannounced Care Inspection
# of
# Abingdon Manor Care Centre
# Antrim & Down Suite

## 14 April 2015

**The Regulation and Quality Improvement Authority**
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

## 1. Summary of Inspection

An unannounced care inspection took place on 14 April 2015 from 09:45 to 12:15 hours. The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support
Standard 6: Privacy, Dignity and Personal Care
Standard 21: Health Care
Standard 39: Staff Training and Development

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, one area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to section, 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 29 May 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 0 | 1 |

The details of the QIP within this report were discussed with the registered manager Mrs Claire Moore and the regional manager Ms Angela Dorian as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

| | |
|---|---|
| **Registered Organisation/Registered Person:**<br>Robert Desmond Wilson, Abingdon Manor Care Centre | **Registered Manager:**<br>Claire Moore |
| **Person in Charge of the Home at the Time of Inspection:**<br>Claire Moore | **Date Manager Registered:**<br>11 April 2013 |
| **Categories of Care:**<br>NH-I, NH-PH, NH-PH(E), NH-TI | **Number of Registered Places:**<br>20 |
| **Number of Patients Accommodated on Day of Inspection:**<br>20 | **Weekly Tariff at Time of Inspection:**<br>£633.33 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

**Standard 4: Individualised Care and Support, criterion 8**
**Standard 6: Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15**
**Standard 21: Heath Care, criteria 6, 7 and 11**
**Standard 39: Staff Training and Development, criterion 4**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of care records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- inspection report and quality improvement plan from the previous care inspection on 29 May 2014
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

During the inspection, the inspector met with 14 patients, four care staff and one registered nurse.

The following records were examined during the inspection

- reports of the visits required to be undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- annual report
- care records of eight patients
- staff training records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 22 May 2014. The completed QIP was returned and approved by the estates inspector. Arrangements are in place for follow up by the RQIA estates support officer.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

| **Previous Inspection Statutory Requirements** | | **Validation of Compliance** |
|---|---|---|
| **Requirement 1**<br><br>**Ref**:<br>Regulation 29(4)(c)<br><br>**Stated:**<br>Second time | It is required that the person carrying out the monthly visit must prepare a written report on the conduct of the nursing home. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the reports of the visits required to be undertaken in accordance with Regulation 29 evidenced that this requirement has been met. | |
| **Previous Inspection Recommendations** | | **Validation of Compliance** |
| **Recommendation 1**<br><br>**Ref**: Criterion 25.12<br><br>**Stated:**<br>First time | It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the reports of the visits required to be undertaken in accordance with Regulation 29 evidenced that this recommendation has been met. | |
| **Recommendation 2**<br><br>**Ref section 4**<br><br>**Ref**: Criterion 25.13<br><br>**Stated:**<br>First time | It is recommended that the annual report is further developed to include greater detail of the areas commented on. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the annual report for the period January 2014 – December 2014 evidenced that this recommendation has been met. | |

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| **Recommendation 3**<br><br>**Ref**:<br>Criterion 5.2 & 11.1<br><br>**Stated:**<br>First time | It is recommended that a baseline pain assessment is completed with all patients and an ongoing pain assessment where indicated | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of a selection of care records evidenced that this recommendation has been met. | |
| **Recommendation 4**<br><br>**Ref** Criterion 6. 2<br><br>**Stated:**<br>First time | It is recommended that all records are dated on completion. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of a selection of care records evidenced that this recommendation has been met. | |
| **Recommendation 5**<br><br>**Ref**: Criterion 11.1<br><br>**Stated:**<br>First time | It is recommended that a pressure ulcer risk assessment is recorded as part of the preadmission assessment. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of a selection of care records evidenced that this recommendation has been met. | |

## 5.3 Continence Management

### Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

The following guideline documents were in available for staff:

- RCN Improving Continence Care for Patients
- RCN Catheter Care
- NICE guidelines on the management of urinary incontinence

Discussion with staff and review of training records confirmed that a number of staff had received training in continence care in April 2014.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with staff and review of training records confirmed that there were a number of registered nurses staff trained and assessed as competent in urinary catheterisation. The registered manager informed the inspector that there was good support, and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation and/or the management of stomas.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

### Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients.
The specific type of continence pads the patient required was record in two of the care plans.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. The care plans included the patients' normal bowel patterns and made reference to the Bristol Stool Chart and the patients' normal stool type. This is good practice.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was recorded in the care plan. Care records evidenced that catheters were changed regularly and in accordance with the recommended frequency.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

**Is Care Compassionate? (Quality of Care)**

Discussion with the registered manager confirmed where patients, or their families, have a personal preference for the gender of the staff providing intimate care their wishes will be respected. Arrangements were in place for the deployment of staff to ensure that patients have a choice of both male and female staff to assist with their personal care.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff. Staff were observed to attend to patient's continence needs in a dignified and personal manner.

**Areas for Improvement**

The specific type of continence products that patients' required was detailed in two of the care plans reviewed. It is recommended that this information is included for all patients who require the use of continence aids.

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|---|---|---|---|
| **Number of Requirements** | **0** | **Number Recommendations**: | **1** |

## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Claire Moore, registered manager and Angela Dorian, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

| Recommendations | |
|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 21, criterion 11<br><br>**Stated:**<br>First time<br><br>**To be Completed by:**<br>26 May 2015 | It is recommended that the specific type of continence products patients' require is included in their care plan.<br><br>**Response by Registered Person(s) Detailing the Actions Taken:**<br>The specific type of incontinence product in now specified in the clients indivicual care plan. To be updated as required. |

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|---|---|---|---|
| **Registered Manager Completing QIP** | Claire Moore | **Date Completed** | 21/05/2015 |
| **Registered Person Approving QIP** | Desmond Wilson | **Date Approved** | 21.05.2015 |
| **RQIA Inspector Assessing Response** | **Sharon McKnight** | **Date Approved** | **22-05-15** |

***Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address***