



Unannounced Care Inspection Report 23 January 2020



Abingdon Manor Care Centre

Type of Service: Nursing Home
Address: 949 Crumlin Road, Belfast, BT14 8FG
Tel No: 028 9071 7878
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provides nursing care for up to 60 patients. The home comprises of six units each accommodating up to 10 patients.

3.0 Service details

<p>Organisation/Registered Provider: Abingdon Manor Care Centre Ltd</p> <p>Responsible Individual: Colin Nimmon</p>	<p>Registered Manager and date registered: Julie McGlinchey 23 June 2017</p>
<p>Person in charge at the time of inspection: Julie McGlinchey</p>	<p>Number of registered places: 60</p> <p>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.</p>
<p>Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. LD – Learning disability. LD (E) – Learning disability – over 65 years. I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 56</p>

4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 10.00 hours to 16.00 hours.

This inspection was undertaken by the care inspector.

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.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- adult safeguarding
- complaints
- accident/incidents
- governance arrangements

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences/choices of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver care to patients' in an individualised manner. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

One area requiring improvement was identified in relation to staff rota information.

Patients described living in the home as being a good experience/in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding 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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Julie McGlinchey, Registered Manager and the regional 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.

4.2 Action/enforcement taken following the most recent inspection dated 3 & 4 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 3 and 4 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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 including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them 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 were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. One patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were reviewed during the inspection:

- duty rota information for all staff from 13 January to 26 January 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for November and December 2019, and January 2020
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) Stated: Second time	<p>The registered persons shall ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • 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 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the care plans for two patients who currently had a wound. It was noted that care plans clearly outlined the assessment and treatment plan and had been reviewed by the named nurse.</p> <p>It was noted that care plans had been updated following podiatry/tissue viability assessment.</p> <p>There was evidence that risk assessments had been completed in relation to patients' pain. A monthly wound care audit is completed.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure the following in relation to the management of patients who experience a witnessed/unwitnessed fall:</p> <ul style="list-style-type: none"> • 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 <p>Action taken as confirmed during the inspection: From records viewed it was identified that individual patient handling assessments are updated following a fall having occurred.</p> <p>There was evidence that post fall neurological observations had been completed and a record maintained as appropriate.</p> <p>It was identified that a monthly audit of falls is completed and that appropriate action had been taken when trends were identified.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: During the inspection the manager stated that there were no patients requiring the use of a lap belt. Immediately following the inspection information was provided by the manager that on occasions two patients require the use of a lap belt. The manager provided details of the assessments and care plans in place to address this matter.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Care records viewed relating to one individual patient indicated that a comprehensive care plan was in place for the management of behaviours which challenge. Discussions with staff indicated that they were knowledgeable as to the prescribed care.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure the following for those patients who require enteral feeding: <ul style="list-style-type: none"> • 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) 	Met
	Action taken as confirmed during the inspection: From records viewed it was confirmed that staff regularly check patient's enteral feeding sites and record details of when oral nutrition is provided. A monthly audit of patients requiring enteral feeding is completed.	

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

6.2 Inspection findings

6.2.1 Staffing

We reviewed staffing arrangements within the home. Discussions with the manager indicated that they were knowledgeable in relation to their responsibilities with regard to the Regulations. There was evidence of a clear organisational structure within the home. The manager is supported by a team of registered nurses and healthcare assistants. In addition, there is a team of support staff which includes administrative, housekeeping, laundry, maintenance and kitchen staff, and an activities co-ordinator.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager, staff, patients and relatives, and rota information viewed provided assurances that the home endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager described how staff on occasions may be required to work in a number of the units during their shift; they stated that this is due to staff not being available for a shift at short notice. Discussions with a number of patients and relatives during the inspection identified that they had no concerns about the level of care and support received.

The manager stated that staffing levels were subject to regular review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels discussed with the manager during inspection. Observation of the delivery of care provided evidence that patients' needs were met by the levels and skill mix of staff on duty. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs. Staff stated that they have more time to spend with patients due to the smaller numbers of patients in each unit.

Staff rota information viewed indicated that the care is provided by a core staff team which includes agency staff as required; it was felt that this supports the home in ensuring continuity of care to patients. Staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect. The inspector discussed with the manager the need to ensure that the staff rota information clearly records the unit staff are allocated to work and in addition should include a list of abbreviations used. An area for improvement was identified.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with patients and relatives demonstrated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. They stated that the manager and staff are approachable.

Discussions with staff and observations made demonstrated that they had a good understanding of the individual assessed needs of patients; staff could describe the importance of respecting patients' personal preferences and choices. Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. During the inspection call bells were noted to be answered promptly.

Interactions between staff and patients were observed to be compassionate and appropriate and evidenced that patients were offered choice. We observed staff taking time to sit and chat to patients and provided care in a manner that promoted privacy, dignity and respect.

Patients spoke positively in relation to the care provided. Patients who could not verbalise their feelings in respect of their care they received were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

6.2.2 Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounge, dining areas and storage areas in all of the units. Fire exits and corridors were observed to be clear of clutter and obstruction. Fire doors were alarmed as appropriate.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control, making a complaint, raising concerns, advocacy services and activities planned within the home. In addition, a number of shared areas were noted to be warm, clean and uncluttered. The sample of patients' bedrooms viewed were clean, warm and welcoming and had been personalised to the individual interests, preferences and wishes of patients.

There were no malodours detected in the home. Compliance with best practice on infection prevention and control (IPC) had been well adhered to. A supply of gloves and aprons were readily available to staff throughout all units in the home; it was noted that staff used these appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised. Information relating to IPC issues such as hand hygiene was available for patients and their visitors.

6.2.3 Care records

Care records viewed during the inspection were noted to be retained electronically. The review of care records for two patients identified that they were individualised to the needs of the person. Records viewed included referral information received from a range of Health and Social Care Trust (HSCT) representatives and in addition included risk assessments and care plans. The electronic system highlights when matters such as care plans and risk assessments require to be reviewed.

Care plans viewed were noted to provide details of the care required by individual patients. Staff record daily the care provided to patients; staff were observed imputing information electronically relating to the care delivered.

There was evidence that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. Discussions with staff and patients and relatives, and observations made provided assurances that care is provided in a person centred manner.

There is a process for monitoring patients with significant weight loss or those patients identified to be at risk of malnutrition. Patients have their weight recorded monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) is utilised to determine the risk of weight loss or weight gain. Staff stated that patients had 24 hour access to food and fluids. There is evidence of speech and language therapy (SALT) and dietetic input into the assessment and care planning of patients as required.

6.2.4 Dining experience

We observed the serving of mid-morning tea and the mid-day meal; staff serving the mid-morning refreshments did so in a relaxed and unhurried manner taking time to chat to the patients, support patients who required assistance and ensuring they were satisfied with their choice.

We observed the service of the midday meal in a number of the individual units; the atmosphere was calm and relaxed. Tables where food was served were clean; napkins, condiments and cutlery were provided. We observed that the food served was warm and well presented. Staff were observed offering and providing assistance in a discreet and sensitive manner when necessary and were wearing appropriate clothing protection. Food was covered when being transferred to patients who were eating in the bedrooms.

A number of patients spoken with stated that the food was good and confirmed that they had a choice of menu; one patient raised an issue in relation to the midday meal and stated that staff had addressed the matter satisfactorily. One relative could describe the efforts staff went to so as to encourage their husband to eat.

6.2.5 Complaints

The manager stated that there are currently no ongoing complaints. A review of complaints received since the previous inspection, evidenced that they had been managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015 and other relevant legislation. Complaints are audited monthly as part of the quality monitoring audit. It was identified from records viewed that information relating to the investigation of the complaint, the actions taken and outcomes of the complaint are retained.

It was positive to note that a number of compliments had been received by the home; they included:

- “Thank you for all your help with mum; mum was lucky to be there.”
- “Thank you all from the bottom of my heart for all the love care given to ***** (patient) in the last three years.”
- “I knew mum was in good hands with the staff.”
- “My sister and I are forever grateful to you all.”

6.2.6 Adult safeguarding

A review of adult safeguarding information and discussions with the manager provided evidence that referrals made in relation to adult safeguarding since the last care inspection had been managed in accordance with the home’s policy and procedures. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting concerns. Patients and relatives who spoke to the inspector could describe the process for reporting concerns they had in relation to care provided.

An adult safeguarding champion has been identified; the regional manager stated that they are in the process of collating the information for the adult safeguarding annual position report for 2019/20.

Staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing. Staff stated that the manager was approachable and that they would feel confident that matters raised would be addressed.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There are systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

6.2.8 Consultation

During the inspection we spoke to nine patients, small groups of patients in the dining room or lounge areas, three relatives and eight staff. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff. As previously stated, patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Patient's comments

- "Happy here, the food is good."
- "Very happy; I have no problems."
- "I am very happy, the girls are lovely."
- "I am happy with everything."
- "They (staff) give you a choice; I am very happy."
- "I have no complaints."
- "Food is good."
- "Too much food."
- "Staff are tickety boo; thy look after me well."
- "I am very happy; they are good to you."
- "Staff are very good to everybody."
- "Staff do anything you ask them; no problems in here."
- "Too much food, they are always feeding you."

Staff comments

- "Very happy working here; I love it here."
- "I feel we have enough staff, the manager is great."
- "We can speak up and we would too."
- "I have worked many places and this is the best yet."
- "We have ten residents and it is very nice; sometimes we work between units."
- "Very happy here; it is the best place."
- "We have time to spend with the patients."
- "It is well staffed and the staff are great."
- "The manager is approachable and we can report concerns."
- "I like to give good care to the patients."
- "Patients have choice and are well cared for."
- "Sometimes if someone is phones in sick we are very busy but the nurse helps."

Relatives' comments

- "Fabulous place; staff are fabulous."
- "I have no concerns; ***** (registered nurse) is excellent."
- "Never a problem; the staff are like friends."
- "Always welcome in the home."
- "My husband is looked after well."
- "I feel content ***** (patient) is here."

Patients and relatives stated that staff were caring, friendly and approachable; they stated that they had no concerns in relation to the care provided to them.

We observed a number of staff supporting patients in the dining room and lounge areas. Observation of staff interactions with patients indicated that they were respectful of them by asking them their choices in relation to a range of matters such as food and participation in activities. There was a relaxed, welcoming atmosphere in all areas within the home.

Discussion with patients, relatives, the manager and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

Ten questionnaires were provided for distribution to the patients and/or their representatives; one response was received prior to the issuing of this report. The respondent indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

There was evidence that systems were in place to monitor and report on the quality of care provided. We viewed a sample of audits completed monthly that are in accordance with best practice guidance.

In addition, there is a system for completing quality monitoring audits on a monthly basis and for developing a report in accordance with Regulation 29. We reviewed records that evidenced Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. A detailed action plan is generated to address any identified areas for improvement. The records indicated engagement with patients, staff and relatives. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding referrals, environmental matters, care records, wound management and complaints.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, provision of person centred compassionate care and effective engagement with patients and relatives.

Areas for improvement

One area for improvement was identified in relation to the staff rota information.

	Regulations	Standards
Total number of areas for improvement	0	1

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, and the regional manager, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the staff rota information accurately reflects where staff are allocated to work whilst on duty. The rota information should include a list of abbreviations used.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: A list of abbreviations regarding allocations has been placed on the off duty board. The off duty now reflects were each staff member has been allocated to work.</p>
--	--

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



The **Regulation** and
Quality Improvement
Authority

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

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care