

Announced Premises Inspection Report

09 January 2018



Abingdon Manor Care Centre

Type of Service: Nursing (NH)

Address: 949 Crumlin Road, Belfast, BT14 8FG.

Tel No: 02890717878

Inspector: Raymond Sayers

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home where care is provided for 60 patients.

3.0 Service details

Organisation/Registered Provider: Abingdon Manor Care Centre Ltd Responsible Individual: Colin Nimmon	Registered Manager: Julie McGlinchey
Person in charge at the time of inspection: Julie McGlinchey	Date manager registered: 23 June 2017
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 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.

4.0 Inspection summary

An announced inspection took place on 09 January 2018 from 09.45 to 13:30.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with issues requiring improvement identified during and since the last premises inspection. It was determined if the service was well led, delivering safe, effective and compassionate care.

Evidence of good practice was found in relation to the maintaining and monitoring of building services & equipment.

Areas requiring improvement were identified; the following issues were noted.

- Some floor, wall and ceiling surfaces had sustained deterioration and required the completion of a condition survey followed by remedial repairs.
- Sluice rooms did not contain separate wash basins for hand washing.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Julie McGlinchey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent premises inspection, IN020840 completed on 20 Jan 2015

Other than those items detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 January 2015. The Return QIP was reviewed and approved by the premises inspector during this inspection.

The previous premises inspection report was conducted solely in the former Registration ID 1273, Londonderry Suite.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- building maintenance service records, and building user maintenance log books related to the building and engineering services,
- legionellae risk assessment,
- fire risk assessment.

Areas for improvement identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not 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 the most recent inspection, IN028117 dated 27 & 28 November 2017

The most recent inspection of the service was an unannounced care inspection.

The completed QIP was returned, and approved by the care inspector on 5 January 2018.

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 20 January 2015

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
Area for improvement 1 Ref: 27.(2)(b) Stated: First time Timescale: three months	The registered person shall ensure that the external hard surfaces should be washed again.	Met
	Action taken as confirmed during the inspection: External areas had been cleaned.	
Area for improvement 2 Ref: 27.(2)(b) Stated: First time Timescale: two months	A programme of refurbishment with firm timescales should be drawn up for the ensuite facilities. This should focus on upgrading the floor and wall finishes. A copy of this refurbishment programme should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: Surface finishes upgraded.	
Area for improvement 3 Ref: 14.(2)(2)(a),(c) 27.(2)(p) & (q) Stated: First time Timescale: one month	A check should be carried out to ensure that all of the electrical remedial works have been completed. A written procedure should be drawn up to support the ongoing maintenance for the thermostatic mixers. In addition to the ductwork, the ventilation system should be inspected and tested to ensure that the fans etc. are in good condition, that the filters are clean and that the systems are to perform within acceptable tolerances of the designed	Met

	performance.	
	Action taken as confirmed during the inspection: Remedial & maintenance works implemented	
Area for improvement 4 Ref: 14.(2)(2)(a),(c) 27.(2)(c) Stated: First time Timescale: one month	The date and outcome of the most recent thorough examination to the passenger lift should be confirmed to RQIA. The issue identified for attention during the servicing in relation to the provision of emergency lighting in the lift car should be addressed.	Met
	Action taken as confirmed during the inspection: LOLER inspection & repair works implemented.	
Area for improvement 5 Ref: 14.(2)(2)(a),(c) 27.(2)(p) & (q) Stated: First time Timescale: one month & ongoing	A written procedure should be drawn up to support the monthly cleaning and disinfection of showers. The action plan in the report of the legionella risk assessment that was completed on 24 July 2013 should be signed off. The water system should be reviewed and adjusted as required to ensure that the temperatures of the unblended hot water and blended hot water are maintained in compliance with the current standards for legionella bacteria control and the scalding risk.	Met
	Action taken as confirmed during the inspection: Procedures implemented	
Area for improvement 6 Ref: 27.(4)(a) & (c) Stated: First time Timescale: one month & ongoing	The further replacement window hinges should be installed as planned. The robustness of the window controls should also be kept under review.	Met
	Action taken as confirmed during the inspection: Replacement programme implemented	

Area for improvement 7 Ref: 27.(4)(b),(c),(d)(i) Stated: First time Timescale: one month	Consideration should be given to changing the laundry door to a single swing door with stops and fire seals. This would provide a much better long term solution to the ongoing maintenance of this door. The gaps around the edge of the stainless steel canopy for the kitchen extract ventilation system should be fully fire sealed to ensure that there are no gaps that would permit the passage of smoke into the void above.	Met
	Action taken as confirmed during the inspection: Repair works implemented	
Area for improvement 8 Ref: 27.(4)(b),(c),(d)(i) Stated: First time Timescale: one month	Detailed proposals with timescales should be drawn up for addressing the issues in relation to the fire damping in connection with the ventilation systems and the implementation of the recent guidance from the Northern Ireland Fire and Rescue Service in relation to making the doors to the bedrooms self-closing. These proposals should be confirmed to RQIA	Met
	Action taken as confirmed during the inspection: Repair works scheduled and implemented.	

6.3 Inspection findings

6.4 Is care safe?

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

A range of documents related to the maintenance and inspection of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment, this includes: a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation, and protection to the means of escape. The standard used by the registered person to determine the level of fire safety within the establishment takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies, and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

Health & safety controls including fire safety precautions are implemented by facility staff.

Areas for improvement

1. It is noted that sluice rooms do not contain separate wash hand basins, Julie McGlinchey (Manager), states that staff implement infection control protocols when utilising the sluice facilities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

There are arrangements in place for routine premises maintenance management and breakdown/repair maintenance. Service users are involved where appropriate in decisions relating to maintenance of the bedroom accommodation.

This supports the delivery of effective care.

Areas of good practice

Building user maintenance systems/controls are effective in maintaining effective building services.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated with satisfactory lighting levels. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

Planned maintenance works are planned and implemented. The Manager has drafted a maintenance works schedule for implementation by the Maintenance Supervisor/Janitor and external contractors.

Areas for improvement

Implement planned refurbishment of kitchenette accommodation in various suites.

Armagh suite:

- Bedroom 10 carpet is stained/soiled.

Antrim suite:

- Bathroom wall tiles are cracked/bossed in shower area & floor finish is in generally in poor condition.

Central/Common areas

- Sluice rooms wall & floor finishes have deteriorated and are in need of renewal.
- Lower Ground Floor stairwell carpet floor covering is stained adjacent vending machines.

Londonderry suite:

- Bathroom shower area wall tiles are cracked and bossed & painted wall finish is in poor condition.
- Corridor floor skirting upstand is losing adhesion with wall substrate adjacent Bedroom 23.

Down suite:

- Corridor floor covering is cracked/defective adjacent bathroom.

Fermanagh suite:

- Communal areas decorative wall finishes have deteriorated as a result of impact damage.

Tyrone suite:

- Bathroom wall finish is in poor decorative condition.
- Communal areas decorative wall finishes have deteriorated as a result of impact damage.

	Regulations	Standards
Total number of areas for improvement	1	0

6.7 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.

Premises related policies and documentation are retained in a manner which is accessible to relevant persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items, and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

Areas of good practice

Building services maintenance control tests/inspections are being implemented.

Areas for improvement

There were no issues requiring for improvement identified during the inspection.

	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 quality improvement plan (QIP). Details of the QIP were discussed with Julie McGlinchey, 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 Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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 27.(2)(b) Stated: First time To be completed by: 09 April 2018	The registered person shall complete a condition survey of all floor, wall and ceiling finishes, and implement a refurbishment works programme. It is noted that the home manager stated that interior upgrade works are planned, these should incorporate the building condition survey findings, and the items listed in 6.6 above – areas for improvement. Ref: 6.6
	Response by registered person detailing the actions taken: Remedial work is to be carried out on the floor, wall and ceiling finishes. The interiors of all the units will be painted over the next few months, and we are arranging quotations for this work. An action plan for areas of improvement 6.6 has been compiled and work will be carried out by the maintenance man.
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 46 Stated: First time To be completed by: 09 April 2018	The registered person shall consider installing separate wash basins in sluice rooms; effective infection control protocols are to be implemented in accordance with the Care Standards recommendations. Ref: 6.4
	Response by registered person detailing the actions taken: Consideration has been given to install separate wash basins in the two sluice rooms to maintain effective infection control measures in accordance with care standards.

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



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