

Inspection Report

23 November 2023



Abingdon Manor Care Centre

Type of service: Nursing Home
Address: 949 Crumlin Road, Belfast, BT14 8FG
Telephone number: 028 9071 7878

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Electus Healthcare (Abingdon) Ltd Responsible Individual: Mr Ed Coyle	Registered Manager: Ms Julie McGlinchey Date registered: 23 June 2017
Person in charge at the time of inspection: Ms Jennifer Green, Registered Nurse	Number of registered places: 60 Including: A maximum of 20 patients in category NH-I, NH-PH, NH-PH(E), NH-TI to be accommodated in the Antrim & Down Suites. A maximum of 10 patients in category NH-PH, NH-PH(E) to be accommodated in the Londonderry Suite. A maximum of 19 patients in category NH-LD, NH-LD(E) in the Tyrone & Fermanagh Suites; and one named patient in category NH-PH to be accommodated in the Fermanagh Suite. A maximum of 10 patients in category NH-DE to be accommodated in the Armagh Suite.
Categories of care: Nursing (NH): I – old age not falling within any other category DE – dementia 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 TI – terminally ill	Number of patients accommodated in the nursing home on the day of this inspection: 56

Brief description of the accommodation/how the service operates:

Abingdon Manor Care Centre is a nursing home registered to provide nursing care for up to 60 patients. The home is divided into six suites over two floors. The Tyrone and Fermanagh Suites on the ground floor provide care for people with learning disabilities and the Londonderry Suite, which is also situated on the ground floor, provides care to people with physical disabilities. The Antrim and Down Suites on the first floor provide general nursing care, and the Armagh suite, which is also on the first floor, provides care for people living with dementia.

2.0 Inspection summary

An unannounced medicines management inspection took place on 23 November 2023 from 9.30am to 2.00pm. This was completed by two pharmacist inspectors and focused on medicines management.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management. It also sought to ascertain if the improvements made, as established during the medicines management inspection on 29 November 2022, had been sustained.

The areas for improvements identified at the last care inspection will be followed up at the next care inspection.

The outcome of the inspection indicated that the improvements made regarding medicine management had been sustained. No new areas for improvement were identified. Robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, staff training and the auditing systems used to ensure the safe management of medicines. The inspectors also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with the five nurses on duty and the quality manager.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 and 9 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person must ensure that detailed care plans are in place when medicines are administered in food/drink to assist administration. The suitability of crushing tablets must be confirmed with the pharmacist.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. Care plans were in place when medicines were administered in food/drink to assist administration. The suitability of crushing tablets had been confirmed with the pharmacist. See section 5.2.3.	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b)	The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.	Carried forward to the next

Stated: Second time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	inspection
Area for Improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: Second time	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.</p> <p>Fluid thickening agents were found to be stored safely and securely. However, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for Improvement 4 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for Improvement 1 Ref: Standard 40 Stated: First time	<p>The registered person shall ensure staff receive supervision and records of the dates of completion is maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure there are clear documented processes for the prevention and treatment of pressure damage. This is in relation to the repositioning of patients	Carried forward

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	to the next inspection
Area for improvement 3 Ref: Standard 44 Stated: First time	The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 48 Stated: First time	The registered person shall ensure that all fire exits are free from obstacles.	Carried forward to the next inspection
	No obstacles were observed during the inspection. However, action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 11 Stated: First time	The registered person shall ensure all patients are offered a programme of meaningful activities on a regular basis.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 44.3 Stated: First time	The registered person shall ensure the nursing home, including all spaces, is used only for the purpose for which it is registered.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct nurses when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If nurses record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Nurses knew how to recognise a change in a patient's behaviour and were aware of the factors that this change may be associated with. Nurses were reminded that records should include the reason for and outcome of each administration on every occasion, these details were usually recorded.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place. Two care plans needed to be updated to reflect recent changes in prescribed medicines for 'when required' use, this was addressed immediately.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low or too high.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral feeding tube. The management of medicines and nutrition via the enteral route was examined. An up to date regimen detailing the prescribed nutritional supplement and recommended fluid intake was in place. Records of administration of the nutritional supplement and water were maintained. Staff on duty advised that they had received training and felt confident to manage medicines and nutrition via the enteral route.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them.

The medicines storage areas were observed to be locked to prevent any unauthorised access when not in use. They were tidy and organised so that medicines belonging to each patient could be easily located. The temperature of the medicines storage areas was monitored and recorded. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed and these were found to have been accurately completed. The records were filed once completed. Nurses were reminded that handwritten entries on medicine records should be verified by a second nurse on every occasion to verify accuracy, as is the expected practice within the home.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Consent was recorded and care plans were in place when this practice occurred.

Management and staff audited medicines administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited which is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and nurses were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were reviewed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Competency was assessed following induction and then annually. Policies and procedure documents were in place.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

* the total number of areas for improvement includes nine which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Vera Ribeiro, Quality Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: Immediate action required (9 August 2023)	The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: Immediate action required (9 August 2023)	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and food and fluid thickening agent.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required (9 August 2023)	The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Action required to ensure compliance with Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 40 Stated: First time To be completed by: 30 September 2023	The registered person shall ensure staff receive supervision and records of the dates of completion is maintained.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: With immediate effect (9 August 2023)	The registered person shall ensure there are clear documented processes for the prevention and treatment of pressure damage. This is in relation to the repositioning of patients.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Standard 44 Stated: First time To be completed by: With immediate effect (9 August 2023)	The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Standard 49 Stated: First time To be completed by: With immediate effect (9 August 2023)	The registered person shall ensure that all fire exits are free from obstacles.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 5 Ref: Standard 11 Stated: First time To be completed by: With immediate effect (9 August 2023)	The registered person shall ensure all patient are offered a programme of meaningful activities on a regular basis.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Area for improvement 6 Ref: Standard 44.3 Stated: First time To be completed by: With immediate effect (9 August 2023)	The registered person shall ensure the nursing home, including all spaces, is used only for the purpose for which it is registered.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1



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