

Inspection Report

8 - 9 August 2023



Abingdon Manor Care Centre

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Electus Healthcare (Abingdon) Ltd Responsible Individual: Mr Ed Coyle	Registered Manager: Ms Julie McGlinchy Date registered: 23 June 2017
Person in charge at the time of inspection: Ms Julie McGlinchy - manager	Number of registered places: 60 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 1 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 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: 58

Brief description of the accommodation/how the service operates:

This home is a registered nursing home which provides 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 of 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 with dementia.

2.0 Inspection summary

An unannounced inspection took place on 8 August 2023 from 9.30 am to 4.30 pm and 9 August 2023 9.30 am to 12.30 pm by a 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.

Areas requiring improvement were identified and are included in the main body of the report and the Quality Improvement Plan (QIP) in section 6.0.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients, a relative and staff were spoke with individually and in small groups. They were complimentary about living, visiting and working in the home.

Patients said the staff were very attentive and very good to them. They were provided with options at meal times and the food was very good. No concerns were raised bout staffing levels.

A relative described the patents as well looked after and advised that staff always kept them well informed about their relative.

Staff were happy with the staffing levels in the home and said there was good team work and that they had received a good induction and training for their roles.

There were no completed patient or relative questionnaires received following the inspection.

There were not responses received from the online staff and visitor survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 29 November 2022		
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.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: 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>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • Donning and doffing of personal protective equipment • Appropriate use of personal protective equipment • Staff knowledge and practice regarding hand hygiene • Adherence to best practice guidance in relation to being bare below the elbow. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system is maintained to monitor staff registration with the Nursing and Midwifery Council at all times.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This area for improvement has been stated for a second time.</p>	<p>Partially met</p>

Area for Improvement 5 Ref: Regulation 14 (2) (a) (c) Stated: First 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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.3.</p> <p>This area for improvement has been stated for a second time.</p>	Partially met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39.9 Stated: Second time	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for Improvement 2 Ref: Standard 46.2 Stated: First time	<p>The registered person shall ensure staff compliance with hand hygiene and the use of personal protective equipment (PPE) is monitored to ensure the necessary improvements are sustained.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for Improvement 3 Ref: Standard 18.7 Stated: First time	<p>The registered person shall ensure that there are regular reviews or audits of incidences of restraint and/or restrictive practices.</p>	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 Ref: Standard 35.3 Stated: First time	The registered person shall ensure that the process for recording and monitoring incidents in the home is reviewed to ensure it meets the needs of the service.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job mandatory training including infection prevention and control (IPC), food safety and moving and handling was progressing well.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the record of staff supervision showed that this had not been completed for all staff as per the home's policy. An area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records, however, did not accurately reflect the patients' repositioning needs and pressure relieving mattress settings were not all correct. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, alarm mats and bed rails. Review of a sample of records identified that not all required observations were completed following a fall and possible head injury. This area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff were knowledgeable about patients' dietary requirements and confirmed that patients care records were important to ensure patients received the right diet.

There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients' needs were assessed at the time of their admission to the home.

Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients, where possible, were involved in planning their own care. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were generally suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available throughout the day.

Observation of the home's environment showed that a number of areas in the home required repair or replacement. An area for improvement was identified.

Fire safety measures were in place, however, it was observed that a hoist was stored in front of a fire exit door. This was brought to the attention of staff for their action and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records and observation the environment identified a number of cleanliness and infection prevention and control issues which required addressing. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

It was noted that an electrical station was not locked and fluid thickening agents and liquid supplements had not been stored securely. This was brought to the attention of staff for their action. This area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late if desired and could have family/friends in their room or one of the lounges.

Patients also told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home.

For example, planning activities and menu choices. The names of those who attended the meeting was not always included in the minutes of the meetings. This was discussed with the manager who agreed to ensure this was documented. This will be reviewed at the next inspection.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by an activities therapist, however there was one activities therapist on duty for all patients and limited activities were observed to be provided. An area for improvement was identified.

Staff were noted to be using a patient activities room for the completion of staff training. This was discussed with the management team and an area for improvement was identified.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Julie McGlinchy has returned to her role as registered manager of the home following a period of absence.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address these issues.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained; however, there was no record to detail if the complainant was satisfied with the outcome of the complaint findings. This was discussed with the management team who agreed to ensure this was documented. This will be reviewed at the next inspection.

Staff commented positively about the the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
Total number of Areas for Improvement	4*	6

* the total number of areas for improvement includes two Regulations that have been stated for a second time and one Regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie McGlinchy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: Immediate action required (29 November 2022)	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.
	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 13 (1) (a) (b) Stated: Second time To be completed by: Immediate action required	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. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Nursing staff have completed falls competencies. The manager will monitor actions taken post falls to ensure they are being managed in keeping with best practice.
Area for Improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: Second time To be completed by: Immediate action required	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. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: All staff aware that any cleaning chemicals and food thickening agents must be stored in a locked room. Manager and nurses to monitor daily. Manager will review on daily walk round for compliance.

<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All identified issues relating to infection prevention and control were addressed on the day of inspection.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2023</p>	<p>The registered person shall ensure staff receive supervision and records of the dates of completion is maintained.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: There is a schedule in place for supervisions of staff and this will be completed by 30.09.23 and records maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The care plans for repositioning of clients have been reviewed and the reposition charts reflect the care prescribed. Nurses to monitor daily. Mattresses settings to be reviewed each month when weights have been completed to ensure correct settings.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the premises remain well maintained and suitable for their stated purpose.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There is an ongoing refurbishment plan in place and monthly audits of environment, with action plans to address and deficits,</p>

<p>Area for improvement 4</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all fire exits are free from obstacles.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>All staff aware that fire exits should never be blocked by any equipment or obstacles. Nurse, manager, and maintenance person to monitor daily. This will also be observed during reg 29 visit walk round by senior management.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all patient are offered a programme of meaningful activities on a regular basis.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>There is a monthly programme in place and weekly activity planner covering seven days a week. Activities are recorded for each client and reviewed.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the nursing home, including all spaces, is used only for the purpose for which it is registered.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken:</p> <p>All staff are aware that designated spaces within the home are to be used only for the purpose for which it is registered.</p>

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