



The Regulation and
Quality Improvement
Authority

Abbeylands
RQIA ID: 1427
441 Shore Road
Whiteabbey
Belfast

Inspector: Bridget Dougan
Inspection ID: IN022036

Tel: 028 9086 4552
Email: abbeylands@fshc.co.uk

**Unannounced Care Inspection
of
Abbeylands**

19 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 May 2015 from 09.30 to 19.00 hours. The focus of this inspection was to follow up on concerns raised by two whistle blowers with regard to the following areas:

- continence care
- staffing
- stocks of sheets/bedding
- management of wounds, fluid intake and weight loss.

Overall on the day of the inspection, concerns and areas of improvement were identified and are required to be addressed to ensure that care in the home is safe, effective and compassionate. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 1.2 below.

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

For the purposes of this report, the term 'patients' will be used to describe those living in The Graan Abbey which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last care inspection on 27 November 2014.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent actions record regarding the provision of continence products was issued to Ms Eleanor Dodson, registered manager at the end of the inspection. These actions are required to be addressed without delay to ensure the safety and wellbeing of patients in the home. These areas are set out in the Quality Improvement Plan (QIP) within this report. Refer also to section 5 below.

For the purposes of this report, the term 'patients' will be used to describe those living in Abbeylands which provides both nursing and residential care

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the registered manager and the responsible person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Claire Royston	Registered Manager: Ms Eleanor Dodson
Person in Charge of the Home at the Time of Inspection: Ms Eleanor Dodson	Date Registered: 19 November 2014
Categories of Care: RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 87 (68 Nursing, 19 Residential)
Number of patients accommodated on day of inspection: 69 (54 Nursing, 15 Residential)	Weekly Tariff at Time of Inspection: Nursing - £581.00 Residential - £461.00

3. Inspection Focus

Information/correspondence was received by RQIA on 18 May 2015 regarding concerns in the following areas:

- continence care
- staffing
- stocks of sheets/bedding
- management of wounds, fluid intake and weight loss.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that an inspection would be undertaken to review the above areas.

The inspection also sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

During the inspection, the inspector met with 20 patients individually and with the majority of other patients in small groups; three nurses, six care staff, four ancillary staff and the relatives of one patient.

The following records were examined during the inspection:

- four care records
- accidents/incidents register

- complaints register
- policy/procedure on incontinence care
- staff training records
- staff duty rotas.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 27 November 2014. The completed QIP was returned and approved by the care inspector.

Areas to follow up/be addressed were as follows:

5.2

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (1) (a) and (b)	The registered person must review the deployment of staff and delivery of care to ensure that the needs of patients' on both floors are being met.	Compliant
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of care practice evidenced that this requirement had been complied with.	
Requirement 2 Ref: Regulation 13 (4) (a)	The registered person must ensure that medication kept in the nursing home is secured in a safe place.	Compliant
	Action taken as confirmed during the inspection: Medication competencies have been completed and no medication incidents were observed during this inspection.	
Requirement 3 Ref: Regulation 13 (1) (a) and (b)	The registered person must ensure that the identified nurse call lead in the first floor toilet is in good working order, properly maintained and fit for purpose.	Compliant
	Action taken as confirmed during the inspection: The inspector can confirm that this had been addressed.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.1	The registered person must ensure that care plans are developed in consultation with the patient and/or their representative.	Compliant
	Action taken as confirmed during the inspection: Review of a sample of four patients care records evidenced that this recommendation was compliant.	
Recommendation 2 Ref: Standard 19.1	The registered person must ensure that bladder and bowel assessments are carried out for patients who require continence management.	Compliant
	Action taken as confirmed during the inspection: Review of a sample of four patients care records evidenced that this recommendation was compliant.	

5.3 Continence care

Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments was incorporated into the continence care plans for three patients. One patient who required continence management did not have a continence care plan completed. A recommendation has been made to ensure that a continence care plan has been completed for all patients who require continence management.

The type of continence products to be used had not been identified in the care records reviewed. A recommendation has been made in this regard.

Four patients' care records reviewed evidenced that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.

Discussion with staff, patients and observation during the inspection evidenced that there were limited stocks of continence products available in the nursing home. A number of staff and patients stated that new continence products had been delivered two weeks ago and that they were not suitable for purpose (they did not meet the assessed needs of patients). This was discussed with the registered manager who stated that the company had changed supplier and new incontinence products were now being delivered following a pilot study. Staff had been scheduled to receive training on these new products. The registered manager stated that she had been in contact with the new supplier and that they were sourcing some of the previous incontinence pads for patients who did not wish to change.

Concerns were raised with the registered manager regarding the apparent lack of patient choice and dignity issues and in the delay in getting this issue resolved. Mrs Dodson was able to source some limited supply of the original incontinence products from another FSHC home at the conclusion of the inspection. An urgent action record was issued.

5.4 Management of wounds, fluids and weight loss

There was evidence, in the four care records reviewed, that wound management in the home was well maintained. There was evidence of appropriate assessment of risk of development of pressure ulcers which demonstrated timely referral to tissue viability professionals for guidance and pressure relieving equipment. Care plans for the management of risks of pressure ulcers and wound care were maintained to a professional standard.

The management of fluids was reviewed during the inspection. The home maintained fluid balance records for those patients assessed at risk of dehydration. Fluid records were evidenced to be maintained appropriately. Jugs of water and juice were available in bedrooms and lounges and staff were observed to offer patients drinks throughout the inspection.

The records of two patients with weight loss were reviewed. There was evidence that nutritional assessments and care plans had been completed and reviewed on a regular basis. Patients had been referred to the GP and dietician in a timely manner. There was evidence that the recommendations made by the multi-disciplinary team had been adhered to and patients' weights had been kept under review.

5.5 Stocks of sheets/bed linen

Stocks of bed sheets were observed to be low and current supplies appeared worn and discoloured. Mrs Dodson advised the inspector that stocks had been replenished in March 2015 and that the supply had since diminished. The registered manager agreed to address this issue.

5.6 Staffing

A review of the staff duty rosters for weeks commencing 6, 13, 20, 27 April 2014 and discussion with the registered manager evidenced high sickness absence levels in the home. The registered manager confirmed that agency staff were being employed to cover sick leave. Advertisements had been placed for registered nurses and a number of care assistants had recently been recruited and were awaiting the outcome of pre-employment checks. Ms Dodson confirmed that the number of staff on duty was sufficient to meet the assessed care needs of patients.

5.7 Consultation with patients, their representatives and staff

The inspector was able as part of the inspection process to meet with 20 patients individually and to most others in small groups. Comments from patients regarding the quality of care and life in the home were, in general, positive. Two patients expressed dissatisfaction with incontinence care and the food served, while one patient expressed dissatisfaction with staffing levels. These issues were discussed with the registered manager who agreed to investigate and address them. A few comments received are detailed below;

- 'Everything is very good'.

- 'Staff are wonderful'.
- 'The food is good'.
- 'There is no choice for meals'.
- 'The new pads are not the right size. Why did they have to be changed? We were not consulted'.
- 'There is not enough staff. Food is a bit haphazard'.
- 'I am happy with the way my room is kept'.

The relatives of one patient took the time to meet with the inspector. Comments received from the relatives included the following:

- 'My relatives bed was wet and the family complained, but this has been sorted now'.

This issue was discussed with the registered manager who confirmed that a complaint had been received some time ago in respect of this issue. This has since been dealt with through the complaints process and the family were satisfied with the outcome.

Discussion took place with three nurses, six care staff and four ancillary staff. Staff stated that the care provided to patients was very good. They confirmed that they had received an induction and mandatory training necessary to carry out their roles. Some comments received from staff include as follows:

- 'The care in the home is very good'.
- 'There is a lot of staff sickness and this puts pressure on other staff'.
- 'There are dignity issues with regard to the new incontinence products. Some patients are not happy with them'.

The issues raised by staff were discussed with the registered manager. One requirement has been made with regard to continence management.

5.8 Incidents/accidents records

The review of a sample of incident/accident records evidenced that incidents/accidents had been notified to RQIA in accordance with legislative requirements.

5.9 Complaints records

Complaints records were reviewed. There was evidence of all complaints having been responded to/investigated appropriately.

5.10 Safeguarding issues

A number of safeguarding allegations had been made to the management of Abbeylands since the previous care inspection on 27 November 2014. Discussion with the registered manager and review of records evidenced that regional safeguarding policies and procedures had been adhered to.

Multi agency investigations were ongoing. RQIA are not part of the investigatory process, however, we have been kept informed at all stages of the investigations by the registered manager and Trust.

Areas for Improvement

- continence management
- provision of facilities and services (sheets/bedding)
- care records.

Number of Requirements	1	Number Recommendations:	2
-------------------------------	----------	--------------------------------	----------

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Eleanor Dodson, registered manager and with Dr Claire Royston, responsible person (by e mail) as part of the inspection process. The timescales commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Person

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

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

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 19 May 2015</p>	<p>The registered person is required to review the management of incontinence to ensure that the assessed needs of patients are being met.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Incontinence training was provided for nursing and care staff over three days from 22/6/15 - 24/06/15. Named nurse have now been reviewed all care plans and any identified defects have been addressed.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be Completed by: 26 May 2015</p>	<p>The registered person should ensure that there are adequate stocks of sheets/bedding suitable to the needs of patients.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: The registered manager has purchased sheets for the home, she has also spoken with staff on the importance of them ensuring that if they find that bedding is not of the standard required they must report this to the home manager.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be Completed by: 26 May 2015</p>	<p>The registered person should ensure that a continence care plan has been completed for all patients who require continence management.</p> <p>The type of continence products to be used should be identified in the continence assessments and care plans.</p>
	<p>Response by Registered Manager Detailing the Actions Taken: Care plans for incontinence have been up dated to include all deficits identified.</p>

Registered Manager Completing QIP	Eleanor Dodson	Date Completed	01/07/2015
Registered Person Approving QIP	Dr Claire Royston	Date Approved	02/07/2015
RQIA Inspector Assessing Response		Date Approved	

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

Please complete in full and returned to RQIA from the authorised email address

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Bridget Dougan	Date Approved	08 July 2015