

Unannounced Care Inspection Report 21 February 2018



Abbeylands

Type of Service: Nursing Home (NH)
Address: 441 Shore Road, Whiteabbey, BT37 9SE
Tel No: 028 9086 4552
Inspector: Dermot Walsh

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 registered nursing home which is registered to provide nursing care and residential care for up to 87 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr. Maureen Claire Royston	Registered Manager: Eleanor Dodson
Person in charge at the time of inspection: Eleanor Dodson	Date manager 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

4.0 Inspection summary

An unannounced inspection took place on 21 February 2018 from 09.30 to 16.15.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Abbeylands which provided both nursing and residential care.

On 23 February 2018 the residential unit (Seapark) within Abbeylands was registered under a separate registration. This inspection focused on the areas covered within the nursing registration. A residential inspector will conduct future inspections of the newly registered residential unit.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing arrangements, accident management, governance risk management, management of complaints, maintaining good working relationships, the home's general environment, care planning, communication between patients and staff and in regards to the culture and ethos of the home in relation to dignity and privacy.

Areas requiring improvement under standards were identified in relation to fire drills, nutritional assessments and food presentation.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, registered 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 9 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 9 January 2018. 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

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, seven staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for week commencing 12 February 2018
- staff training records

- incident and accident records
- one staff induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 July 2017

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) (b) Stated: First time	The registered person must ensure good practice guidance is adhered to with regard to post falls management.	Met
	Action taken as confirmed during the inspection: A review of accident records pertaining to a fall evidenced that this had been managed appropriately.	
Area for improvement 2 Ref: Regulation 12 (2) (a) Stated: First time	The registered person shall ensure that all equipment used within the home is only used for the purpose for which it is designed. The use of bed mattresses as crash mats must cease.	Met
	Action taken as confirmed during the inspection: During a review of the environment, the appropriate crash mats were observed in use.	
Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure that recommendations made by other health professionals are complied with and recorded. Any rationale for a change to the planned care must also be recorded.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that the recommendations of other health professionals had been followed and that these recommendations had been included within the patients' care plans. Discussion with the registered manager also confirmed that changes to planned care are now included in a 24 hour shift handover report which is reviewed by the registered manager.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Criteria (1) Stated: First time	The registered person shall ensure that documentation relating to staff induction is recorded and maintained in a timely manner.	Met
	Action taken as confirmed during the inspection: Review of a recently commenced staff members induction records evidenced that the induction had been completed in full and had been completed in a timely manner.	
Area for improvement 2 Ref: Standard 39 Criteria (7) Stated: First time	The registered person shall ensure that basic life support training includes a practical element as in accordance with best practice guidelines.	Met
	Action taken as confirmed during the inspection: Confirmation received from the registered manager following the inspection confirmed that the appropriate staff had completed practical training in basic life support.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person shall ensure that call bells are responded too in a timely manner. Evidence of monitoring call bell response times should be maintained.	Met
	Action taken as confirmed during the inspection: During the inspection all call bells which sounded were responded to in a timely manner. Oversight of call bell response times was evident within monthly monitoring reports and recorded daily walk around audit documentation.	
Area for improvement 4 Ref: Standard 4 Criteria (9) Stated: First time	The registered person shall ensure that bowel management is recorded accurately within patient care records.	Met
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that an individual monthly bowel monitoring chart was completed appropriately on each patient.	

Area for improvement 5 Ref: Standard 4 Stated: First time	The registered person shall ensure that the direction given within in relation to the frequency of repositioning, are followed.	Met
	Action taken as confirmed during the inspection: A review of two patients' repositioning records evidenced that these patients had been repositioned in accordance with their care plans.	
Area for improvement 6 Ref: Standard 16 Stated: First time	The registered person shall ensure that all complaints made are recorded in accordance with the homes policy and DHSSPS guidance on complaints.	Met
	Action taken as confirmed during the inspection: A review of the most recent complaint evidenced that the compliant had been managed appropriately in accordance with the homes policy and DHSSPS guidance on complaints.	

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.

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff consulted confirmed that training provided was relevant to their role, function and responsibility. Information sent to RQIA following the inspection confirmed that the appropriate staff had received practical training on basic life support.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines, policies and procedures. Discussion with staff and the registered manager confirmed that where

agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager and staff confirmed that agency staff received an induction in the home prior to commencing their first shift.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A home specific safeguarding flowchart was on display at staffing areas and identified the Four Seasons Health Care safeguarding champion; deputy safeguarding champion and the home's safeguarding lead person. The registered manager confirmed that there were no ongoing safeguarding concerns in the home.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. A review of accident records evidenced that these had been managed appropriately. RQIA had been notified appropriately. A post falls proforma was displayed at a staffing area. Staff consulted were knowledgeable in regard to the post falls proforma.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. There was evidence of ongoing improvement works in progress in the home.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of fire drills which had occurred in the home. However, there was not a system in place to ensure that all staff in the home had participated in a fire drill at minimum annually. This was discussed with the registered manager and identified as an area for improvement under the standards. Following the inspection the registered manager confirmed that the fire risk assessment of the home had been appropriately conducted on 13 April 2017.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff induction, accident management and the home's general environment.

Areas for improvement

Areas were identified for improvement under care standards in relation to fire drills.

	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.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and informed the care planning process. There was also evidence that two of the three patients' malnutrition universal screening tool (MUST) assessments had not been reviewed appropriately. This was discussed with the registered manager and identified as an area for improvement under the standards.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation.

Staff also confirmed that there was effective teamwork and that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and communication between patients and staff.

Areas for improvement

An area was identified for improvement under standards in relation to the review of nutritional assessments.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served directly from a heated trolley when patients were ready to eat or be assisted with their meals. The food served to patients who consume a normal diet appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Potatoes, meat and vegetables were not clearly distinguishable in puree meals. The presentation of the food was poor and not appear appetising. This was discussed with the registered manager and identified as an area for improvement under the standards. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Seven staff members were consulted to determine their views on the quality of care within Abbeylands.

Some staff comments were as follows:

- "I love it here."
- "We are like a big family here."
- "Love it."
- "The teamwork here is very good."
- "It's good. I like it."
- "I love coming to work."
- "I'm happy here."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Eight patients were consulted during the inspection.

Some patient comments were as follows:

- "I'm fine here."
- "It's alright."
- "They (the staff) are very good to us. I love it here."
- "I like it here."
- "I'm happy here."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

Three patient representatives were consulted during the inspection.

Some patient representative comments were as follows:

- “The care is absolutely excellent. I couldn’t say enough about this place.”
- “We are very happy with the care here.”
- “The treatment here is first class. I can’t complain.”

Ten relative questionnaires were left in the home for completion. None of the relative questionnaires were returned within the timeframe for inclusion in the report.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in relation to dignity and privacy.

Areas for improvement

An area was identified for improvement under standards in relation to the preparation and presentation of puree meals.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

Staff consulted confirmed that when they raised a concern, the home’s management would take their concerns seriously.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained

Governance records verified that a legionella risk assessment had been conducted in the home in March 2017. A report had been completed and remedial works had been planned.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER).

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance risk management, management of complaints and maintaining good working relationships.

Areas for improvement

No areas for improvement were 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 QIP. Details of the QIP were discussed with Eleanor Dodson, registered 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 Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 48 Criteria (8) Stated: First time To be completed by: 30 April 2018	<p>The registered person shall develop a system to ensure that all staff has participated in one fire drill per year at minimum.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has created a fire matrix to show staff that have participated in fire drills covering yearly fire drills. Fire records are checked monthly by the Home Manager and Quarterly by the Regional Manager.</p>
Area for improvement 2 Ref: Standard 12 Criteria (4) Stated: First time To be completed by: 31 March 2018	<p>The registered person shall ensure that nutritional screening is conducted monthly or more often as required dependent on the risk.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager has now completed training with nursing staff covering the measurement of BMI's in the absence of weighing resident's who are unable to be weighed. This will be monitored by the completion of Resident TRACA and the monthly Regulation 29 Report.</p>
Area for improvement 3 Ref: Standard 12 Criteria (15) Stated: First time To be completed by: 28 February 2018	<p>The registered person shall ensure that puree meals are presented in a manner which distinguishes the different foods served and appears appealing to patients.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager has reviewed the quality of all modified meals provided, resident feedback surveys focusing on the dining experience are carried out weekly. The registered manager ensures that either she or the nurse in charge is present at meal times to ensure that pureed meals are presented in a manner which distinguishes the different foods served. The quality of modified meals and presentation will further be monitored via the monthly Regulation 29 Report.</p>

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



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