Unannounced Secondary Care Inspection

Name of Establishment:	**Abbeylands**
RQIA Number:	**1427**
Date of Inspection:	**27 November 2014**
Inspector's Name:	**Norma Munn**
Inspection ID:	**IN017120**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Abbeylands
Address:	441 Shore Road Whiteabbey Belfast BT37 9SE
Telephone Number:	028 9086 4552
Email Address:	abbeylands@fshc.co.uk
Registered Organisation/ Registered Provider:	Mr James McCall Four Seasons Health Care
Registered Manager:	Ms Eleanor Dodson
Person in Charge of the Home at the Time of Inspection:	Ms Eleanor Dodson
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:	73 (54 Nursing, 19 Residential)
Scale of Charges (per week):	£461 - £581
Date and Type of Previous Inspection:	11 February 2014 Secondary Unannounced
Date and Time of Inspection:	27 November 2014 10:30 – 15:55 hours
Name of Inspector:	Norma Munn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- Discussion with Patricia Greatbanks, regional manager
- Discussion with Anne Oliver, bank manager
- Discussion with the Eleanor Dodson, registered nurse manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	**21 individually and to others in groups**
Staff	**13**
Relatives	**2**
Visiting Professionals	**1**

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	**Number Issued**	**Number Returned**
Patients/Residents	**4**	**4**
Relatives/Representatives	**0**	**0**
Staff	**5**	**5**

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Abbeylands is situated on the shores of Belfast Lough, off the dual carriageway leading to the M3 motorway. It is surrounded by landscaped gardens, patio areas and mature trees, car parking facilities are also available. The home is convenient to shops in the village of Whiteabbey and a public transport route.

The nursing home is owned and operated by Four Seasons Health Care.
The current registered manager is Ms Eleanor Dodson.

Bedroom accommodation is provided in both double and single rooms, several rooms have en suite facilities. There is a range of communal lounges, dining rooms and sanitary areas.

The home is registered to provide care for a maximum of 87 persons under the following categories of care:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment – over 65 years

Residential Care

I	Old age not falling into any other category
MP	Mental disorder excluding learning disability or dementia (2 residents)
MP (E)	Mental disorder excluding learning disability or dementia – over 65 years
PH (E)	Physical disability other than sensory impairment – over 65 years
A	Past or present alcohol dependence (1 resident)

The home is also approved to provide day care for one person.

8.0 Executive Summary

The unannounced inspection of Abbeylands Care Home was undertaken by Norma Munn on 27 November 2014 between 10:30 and 15:55 hours. The inspection was facilitated by Eleanor Dodson, registered manager.

Verbal feedback of the issues identified during the inspection was given to Eleanor Dodson, registered manager, Anne Oliver, bank manager and Patricia Greatbanks, regional manager at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on11 February 2014.

Review of pre-inspection information submitted by the registered manager indicated that notifiable events were provided to RQIA in accordance with legislation. Analysis of other documentation including the returned QIP from the previous care inspection on 11 February 2014 confirmed that sufficient information had been provided.

During the course of the inspection, the inspector met with relatives, patients/residents and staff, who commented positively on the care and services provided by the nursing home.

Standard 19: Continence Management

The inspector reviewed four patients' care records. There was evidence that a continence assessment had been completed for the majority of patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. However, one patient who required continence management did not have a continence assessment completed. A recommendation has been made to ensure that continence assessments have been carried out for all patients who require continence management and support.

A review of two patients' care records evidenced that neither the patient or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. A recommendation has been made to ensure that care plans are developed in consultation with the patient and/or their representative.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

Additional areas were also examined including:

- care practices
- patients' views
- staffing and staff views
- environment

Details regarding these areas are contained in section 11 of the report.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/residents on the ground floor was evidenced to be of a very satisfactory standard and patients/residents were observed to be treated by staff with dignity and respect. However, the inspector observed one patient on the first floor who was distressed and needed assistance. The inspector was unable to locate care staff on that floor to assist the patient in a timely manner. The inspector was concerned that the delivery of care and the level of supervision of this patient was inadequate and a requirement has been made.

A review of the staff duty rosters weeks commencing 3 November 2014, 10 November 2014 and 17 November 2014 evidenced that the planned number of staff on duty was in line with RQIA'S recommended minimum staffing guidelines. However, on the morning of the inspection staffing levels fell below the minimum staffing levels due to short notice sick leave and a member of staff had been sent to hospital to accompany a patient. Discussion with the registered manager confirmed that the management of staff sickness was being addressed and the staffing levels are normally above the minimum staffing levels.

The inspector undertook an inspection of the premises and viewed the majority of the patients'/residents' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene. Issues in relation to health and safety and the management of medication were identified and requirements have been made.

The inspector reviewed and validated the home's progress regarding the one requirement and one recommendation made at the previous inspection on 11 February 2014 and confirmed compliance outcomes as follows: The requirement and the recommendation have been fully complied with.

As a result of this inspection, three requirements and two recommendations have been made.

Details can be found under Sections nine, ten and eleven in the report and in the quality improvement plan (QIP).

The inspector would like to thank the Eleanor Dodson registered manager, Anne Oliver bank manager and Patricia Greatbanks regional manager, patients/residents, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the staff and patients/residents who completed questionnaires.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	27 (4) (d)	It is required that doors are not propped/wedged open at any time.	Observation of the environment confirmed that this requirement has been addressed	**Compliant**

No.	Minimum Standard Ref.	Recommendation	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20.4	It is recommended that the registered manager establishes a system of evaluation of training provided in basic life support training and records should be maintained of any action taken by the registered manager/person to address identified deficits	Discussion with the regional manager and registered manager confirmed that this recommendation has been addressed	**Compliant**

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	**COMPLIANCE LEVEL**
Inspection Findings:	
Review of patients' care records evidenced that bladder and bowel continence assessments were undertaken for three patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. One patient who required continence management did not have a continence assessment completed. A recommendation has been made to ensure that assessments have been completed for all patients. Three 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. Review of two patients' care records did not evidence that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. A recommendation has been made. The care plans reviewed addressed the patients' assessed needs in regard to continence management. Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	**COMPLIANCE LEVEL**
Inspection Findings:	
The inspector can confirm that the following policies and procedures were in place; • continence management / incontinence management • stoma care • catheter care The inspector can also confirm that the following guideline documents were in place: • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	**COMPLIANCE LEVEL**
Inspection Findings:	
Not applicable	
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care. Discussion with the staff revealed that identified registered nurses in the home were deemed competent in female and male catheterisation and the management of stoma appliances. Regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	**Substantially complaint**

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients/residents with dignity and respect. Good relationships were evident between patients and staff. Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests on the ground floor promptly. However, on the first floor the inspector observed one patient who was distressed and needed assistance. The inspector was unable to locate care staff to assist the patient in a timely manner. A member of domestic staff informed the inspector that there were no care staff working on that floor at that time to attend to the patient's needs. The inspector immediately asked the care staff from the ground floor to attend to the patient. Discussion with the staff indicated that the patients/residents who wish to stay in their bedrooms on the first floor are not always supervised. The inspector was concerned that the delivery of care and level of supervision of patients/residents on the first floor was inadequate and a requirement has been made.

11.2 Residents/Patients' Views

During the inspection the inspector spoke to twenty one patients/residents individually and to others in groups. These patients/residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. One patient commented that they could not always reach the nurse call lead to call a nurse. This was discussed with the registered manager who has agreed to address the issue raised. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients'/residents' comments were as follows:

"I love it here, I am so happy"
"I am spoiled, content and have a lovely big room"
"The nurses are brilliant"
"I would recommend it here"
"It is terrific here, the food is good and they look after me well"

11.3 Questionnaire Findings/Staff Comments

During the inspection the inspector spoke with thirteen staff this included registered nurses, care staff and ancillary staff. The inspector was able to speak to a number of these staff individually and in private. Five staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes. Two members of staff commented on the staffing levels being short at times due to sickness. This was discussed with the registered manager during feedback and the issues identified were in the process of being addressed.

Examples of staff comments were as follows;

"There is a need for senior care assistants to help the staff nurses with their work load"
"I love my job but when we are short staffed it is hard work"."
"It is very pleasant working here"."

11.4 Visiting professional comments

The inspector spoke with a visiting professional on the day of the inspection. Comments were as follows:

"I couldn't fault the home, the staff are lovely"
"The residents are happy"
"It is a positive experience visiting this home"

11.5 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' /residents' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene. The nurse call bell in the identified first floor toilet was not working and a requirement has been made.

11.6 Medication management

On the morning of the inspection the inspector observed a registered nurse leave the medicine trolley unlocked to attend to a patient. The medicine trolley was situated in an area where patients were seated. This was immediately brought to the attention of the registered nurse and the trolley was locked immediately. This practice was discussed with the registered manager and a requirement has been made.

11.7 Staffing

Review of the duty rotas weeks commencing 3 November 2014, 10 November 2014 and 17 November 2014 evidenced that overall staffing was in keeping with RQIA's minimum staffing guidance. During the morning of the inspection staffing levels fell below the minimum staffing levels. Discussion with staff revealed that the shortfall in staffing levels were due to short notice sickness. Also a member of staff needed to accompany a patient to hospital for a short time during the morning. Discussion with staff and a review of staff questionnaires completed confirmed that staff sickness had increased. Discussion with the registered manager confirmed that the management of staff sickness was being addressed and the staffing levels are normally above the minimum staffing levels. The registered manager has agreed to keep staffing levels under continuous review.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Patricia Greatbanks, regional manager, Anne Oliver, bank manager and Eleanor Dodson, registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Norma Munn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 • **At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment.** **Criterion 5.2** • **A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission.** **Criterion 8.1** • **Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent.** **Criterion 11.1** • **A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations12(1)and (4);13(1); 15(1) and 19 (1) (a) schedule 3**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Prior to admission, the Home Manager or her Deputy carries out a pre admission assessment. Information gleaned from from the resident or the person providing care, care records and care management is the main body of this assessment. A decision is then made by the Home Manager or her Deputy with regards to the Home's ability to meet the needs of the resident. If the admission is an emergency and it is not possible for the Manger or her Deputy to meet with the resident prior to admission, a pre admission is completed by phone and care management supply an up to date comprehensive assessment of the resident's needs by the multi disciplinary team is either fax'd or or delivered to	Compliant

the Home. On admission into the Home an identified Nurse completes the initial admission assement to make a plan of care which identifies the resident's needs. These are person centered and include the Braden tool, a body map and wound assessment if required, MUST with FSHC nutritional and oral assessment, moving and handling and falls risk assessment. Following discussion with the resident or their representative, and the Nurse using his/her clinical judgement, a plan of care is developed meeting needs which are patient centered, identifying risks and ensuring the resident's wishes are met.	

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- **A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.**

Criterion 11.2

- **There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.**

Criterion 11.3

- **Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.**

Criterion 11.8

- **There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.**

Criterion 8.3

- **There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.**

Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The named nurse completes a comprehensive assessment of the resident's care needs using the assessment tools within seven days of admission. A plan of care is then devised after identification of nursing needs and risks and the resident and/or representative is consulted through out the process. The plan of care will identify and promote independence and information provided by the multidisciplinary team is included. Goals are realistic and achievable. All registered nurses within the Home are aware of the process of referral to Trust Tissue Viability Nurse when necessary. Advice can also be given by the TVN by phone prior to her visit and the plan of care is put in place. Lower limb/foot ulceration is also referred to the Trust Podiatrist via GP and referral forms. Where a resident is considered at being at 'risk' of devloping pressure ulcers, a Pressure Ulcer Management and Treatment plan is commenced. The care plan will include skin care, frquency of re positioning, mattress type and setting. Care Management and and relevant members of MDT are updated as and when there is any change. A monthly wound audit is completed by the HM and the Regional Manager is forwarded this information and during Reg 29 visits. The registered nurse refers the resident to a dietician based on the MUST score and/or clinical judgement. The referral is completed in the Home and fax'd to the dietician. Phone consultations also take place for advice until the resident is visited. Foods are fortified unless the resident is on a specialised diet. All advice, treatment or recommendations are recorded on the MDT form with a care plan compiled or the current plan updated to reflect advice received. This is reviewed and evaluated on a monthly basis or more often if necessary. the resident/relative, Home staff and other members are informed of any changes.	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 • **Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The care plan, risk assessments and needs assessments are evaluated at least monthly or more often if there is a change in the resident's condition. The care plan dictates the frequency of review and reassessment, with the agreed time interval recorded on the plan of care. The resident is assessed on an ongoing daily basis with any changes documented in the daily progress notes and care plan evaluation forms. Any changes are also reported in the Manager's 24 hour shift report. The Home Manager and Regional Manager complete monthly audits to quality assure the above process and where identified comply action plans if a deficit is noted.	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 • **All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.** **Criterion 11.4** • **A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.** **Criterion 8.4** • **There are up to date nutritional guidelines that are in use by staff on a daily basis.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The Home at all times refers to up to date guidelines as defined by professional bodies and national standard setting organisations when planning care. Guidelines from NICE, GAIN, RCN, NIPEC, HSSPS, PHA and RQIA are available to staff to refer to. The validated pressure ulcer grading tool used by the Home to screen residents who have skin damage is the EPUAP grading system. If a pressure ulcer is present on admission or a resident develops a pressure ulcer, a wound assessment is completed with a plan of care which includes the grade, dressing regime, frequency of repositioning, mattress type and date for review. An ongoing woun assessment and care plan evaluation form is completed at each dressing change, if there is any change to the dressing regime or if the condition to the ulcer changes. There are up to date Nutritional Guidelines eg Promoting Good Nutrition, Eating Well with Dementia, PHA- Nutritional Guidelines and Menu Check list for Residential and Care Homes, NICE Guidelines, Nutritional Support in Adults, these are available for steff referral. Staff can also refer to FSHC policies in relation to nutritional care, diabetic care, care of PEG and subcuteanous fluids.	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.6 • **Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.** **Criterion 12.11** • **A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.** **Criterion 12.12** • **Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.** **Where a patient is eating excessively, a similar record is kept.** **All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nursing records are kept of all nursing interventions, activities and procedures that are carried out to each patient. These are contemporaneous and are in accordance with NMC guidelines. All care delivered includes an evaluation and outcome plan. Nurses have access to policies and procedures in relation to record keeping ie NMC guideline, Record keeping : Guidance for nurses and miswives. Records of meals provided for each resident at each mealtime are recorded on a daily menu choice form. The Catering Manager keeps records of the food served and this also includes specialist dietry needs. Residents assessed at being 'at risk' of malnutrition, dehydration or eating excessively have all their food and fluids recorded on a daily basis using FSHC food record booklet or fluid record booklet. These are recorded over 24hr period with the fluid totalled at the end of the 24hr period. Any deficits are are identified and acted on. This is also discussed with the resident/nok.	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 • **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The outcome of care delivered is monitored and recorded on a day to day basis on the daily progress notes with a minimum of one entry during the day and again at night. The outcome of care reviewed as indicated on plan of care or more frequent if there is a change in the resident's condition or if there are recommendations made by any member of the multi disciplinary team. Residents and nok are involved in this evaluation.	Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 • **Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.** **Criterion 5.9** • **The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
A care management review is held within 6 weeks after admission and then annually thereafter. Reviews can also be arranged by the resident/nok or the Home if there is changing needs. The Trust will orgainise these reviews with the resident in attendance, NOK or representative and a member of the nursing team. Copies of the minutes are supplied by the Trust, any deficits identified are noted and an action plan devised with care plan updated. These minutes are retained in the resident's care file.	Compliant

Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 12.1 • **Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.** **Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.** **Criterion 12.3** • **The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.** **A choice is also offered to those on therapeutic or specific diets.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
The Home follows FSHC policy and procedures in relation to nutrition and best practice guidelines. Registered Nurses assess each resident's dietary needs on admission and review on an ongoing basis. The care plan reflects the type of diet, consistency any speciality dietary needs. It will also state if the resident requires assistance with food/fluids and any recommendations made by the Dietican and SALT. The Catering Manager also receives a copy of this information. The Home has a four weekly menu cycle which is reviewed six monthly taking in seasonal changes and resident input. Residents are offered a choice of two meals at each meal time. There is also soaked scones/cake for those on a puree diet. If a resident does not wish to take from the menu and alternative is served	Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 8.6 • **Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.** **Criterion 12.5** • **Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.** **Criterion 12.10** • **Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:** o **risks when patients are eating and drinking are managed** o **required assistance is provided** o **necessary aids and equipment are available for use.** **Criterion 11.7** • **Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.** **Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20**	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	**Section compliance level**
Nurses, care and kitchen staff received training by Trust SALT on 21/05/14 on dysphagia and feeding techniques also incorparating fluid/food consistency. It is hoped to hold a further session later in the year. SALT will also hold informal sessions and give advice when visiting the Home. Nurses also had training on enteral feedin techniques, PEG in March 2014. Dieticans will also give advice when visiting the Home. All information is passed to the Catering manager and held on file. All recommendations made by SALT are incorporated into the resident's care plan and the resident and nok are kept fully informed. The care plan will identify consistency of food/fluids and staff informed. Special diets are displayed on a white board in the kitchen, this will include consistency of food.	Substantially compliant

Meals are served at conventinal times and hot and cold drinks are available at customary times and through out the day. A member of the care staff is deicated to assist those patients who cannot made their needs known or are at risk with fluids throughout the shift. Cold drinks are available in the lounges and the the bedrooms of those who reside in their room. These are replenished at regular intervals. Meal times are protected times with all care staff assisting and supervising. A supply of yogurt, eggs , cheese, bread and cereal are kept for those who may be hungry during the night. All Nurses and some care staff have completed there e learning moduleon pressure area care. This is on going. The Home has two Link tissue viabilty nurses who will advise and train staff when needs are identified. Central training on wound cae related topics are arranged for nurses requiring additional support. All nurses within the Home have completed a competency assessment. Competency assessments have a quality assurance element built into the process.	

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	**COMPLIANCE LEVEL**
	Provider to complete

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Unannounced Secondary Care Inspection

Abbeylands

27 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Patricia Greatbanks regional manager, Eleanor Dobson registered manager and Ann Oliver bank manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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 **Ref: Section 11.1**	One	The registered Manager now examines and signs off all off duty prior to it being put out for staff all rotas meet patient need and required staffing levels.	By 25 December 2014
2	13 (4) (a)	The registered person must ensure that medication kept in the nursing home is secured in a safe place **Ref: Section 11.6**	One	All nursing staff were made aware of the safety issues surrounding an unattended medication trolley. Medications competencies are now being completed with all registered nurses.	By 25 December 2014
3	27 (2) (c)	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 **Ref: Section 11.5**	One	The nurse call lead was repaired immediately.	By 25 December 2014

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	The registered person must ensure that care plans are developed in consultation with the patient and/or their representative **Ref: Section 10.0 Standard 19.1**	One	Each named nurse has given a daily timetable in which they will consulted with either resident, family members or both.	By 25 December 2014
2	19.1	The registered person must ensure that bladder and bowel assessments are carried out for patients who require continence management **Ref: Section 10.0 Standard 19.1**	One	These assessments have now been completed.	By 25 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Eleanor Dodson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall DIRECTOR OF OPERATIONS 16.01.15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	20 January 2015
Further information requested from provider			