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**Unannounced Care Inspection  
of  
Abbeylands**

**7 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 7 October 2015 from 09.50 to 18.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**  
**Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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 Abbeylands Care Home 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 19 May 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	4

The total number includes both new requirements and recommendations and one restated recommendation.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the peripatetic manager, John Coyle, and the registered manager, Eleanor Dodson, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Eleanor Dodson
<b>Person in Charge of the Home at the Time of Inspection:</b> Eleanor Dodson	<b>Date Manager Registered:</b> 19 November 2014
<b>Categories of Care:</b> RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)	<b>Number of Registered Places:</b> 87
<b>Number of Patients Accommodated on Day of Inspection:</b> 70	<b>Weekly Tariff at Time of Inspection:</b> £470 - £637

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, the inspector met with 22 patients, six care staff, one registered nurse, one ancillary staff and three patient representatives.

The following records were examined during the inspection:

- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 18 June 2015. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time	The registered person is required to review the management of incontinence to ensure that the assessed needs of patients are being met. <b>Action taken as confirmed during the inspection:</b> A review of three records evidenced that assessed needs of patients were being met in the management of incontinence.	<b>Met</b>
Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.7 <b>Stated:</b> First time	The registered person should ensure that there are adequate stocks of sheets/bedding suitable to the needs of patients. <b>Action taken as confirmed during the inspection:</b> A discussion with three care staff and a tour of the home evidenced adequate stocks of bedding available to meet patient needs.	<b>Met</b>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</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><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three care records evidenced completion of continence care plans for patients who require continence management. However, continence products to be used were not on the assessment and care plan in one of the care records reviewed.</p>		

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively. A copy of the DHSSPS Regional guidance on breaking bad news was available in the home.

Discussion with the registered manager confirmed communicating effectively with patients and their families/representatives was incorporated within palliative care training. Online palliative care training had been completed by 27 staff. Further palliative care training was identified.

#### Is Care Effective? (Quality of Management)

A registered nurse consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of a quiet private area to speak with patients and/or their representatives and the importance of using a soft, calm tone of voice and using language which was appropriate to the listener. Staff also described the importance of providing reassurance and allowing time for questions or concerns to be voiced. Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news. A best practice guideline on 'Breaking Bad News' was available in the Home.

#### Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with 22 patients both individually and with others in small groups. All patients spoken with stated they were very happy with the care they were receiving in Abbeylands Nursing Home. They confirmed that staff were polite and courteous and they felt safe in the home.

One patient representative confirmed that they were very satisfied with the care and the staff. Other patient representatives' comments are recorded in section 5.5.1 below.

### Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

### Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative, end of life care and death and dying were held in the Palliative and End of Life Care Manual which was available in the home in draft form. These documents were currently under review by Four Seasons Health Care to ensure that they were reflective of best practice guidance such as Guidelines and Audit Implementation Network (GAIN) Guidelines for Palliative and End of Life Care in Nursing Homes and Residential Homes, December 2013. A recommendation has been made.

Training records evidenced that staff were trained in the management of death, dying and bereavement. E-Learning palliative care training had been completed by 27 staff in 2015. Two staff had completed recent training on the use of syringe drivers.

Discussion with a registered nurse and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the registered manager, seven staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with two staff confirmed their knowledge of the protocol.

There was no palliative care link nurse identified for the home. This was discussed with the registered manager and it was agreed the home would benefit from a link nurse to attend meetings, guide and advise on palliative care issues.

### Is Care Effective? (Quality of Management)

On the day of inspection, there was one patient in receipt of palliative and end of life care. Symptom management care plans, for example pain and elimination, were in place. Where palliative care advice had been given, there was evidence within the care records that these directions had been followed.

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. A quiet room was identified for family/friends where they can have a private conversation or a rest. Staff consulted with were aware of the importance of providing refreshments at this time.

A review of notifications of death to RQIA during the previous inspection year evidenced that these were reported appropriately.

### **Is Care Compassionate? (Quality of Care)**

Arrangements were in place in the home to facilitate, as far as possible, and in accordance with the persons wishes, for family/friends to spend as much time as they wished with the person. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

One compliment was as follows:

'Thank you to all staff who showed my mother ..... kindness and attention during her stay.'

Discussion with the manager and a review of the complaints records evidenced that one concern was raised in relation to the arrangements regarding the end of life care of patients in the home. The registered manager has responded to this concern.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

### **Areas for Improvement**

It is recommended that the policies relating to death and dying and palliative and end of life care are made available to staff, when finalised.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. Consultation with patients, their representatives and staff**

During the inspection process, 22 patients, eight staff, and three patient representatives were consulted with to ascertain their personal view of life in Abbeylands Care Home. Eight staff questionnaires and 10 patient questionnaires were completed and returned. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Abbeylands Care Home.

A few patient comments are detailed below:

"I'm seven years here and never had cause to complain."

"I am completely satisfied and grateful for all the care provided."

"It's a wonderful place. I have no worries here."

The patient representatives consulted with were very positive about the care provided. Some of their views are detailed below:

“The staff are brilliant. Anything you ask for, you get.”

“It’s very good here.”

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:

“This home works well with teamwork and always gives it 100%.”

“I think the care is excellent in the home. Good teamwork.”

“More details should be given on funerals of residents who have passed away to allow staff who have cared for them to attend.”

“I love it. It’s a good place to work.”

### **5.5.2. Infection Prevention and Control and the Environment**

A tour of the home confirmed that rooms and communal areas were generally clean and spacious. However, a range of issues were identified within the home which were not managed in accordance with infection prevention and control guidelines:

- a rusted commode chair and rusted bin frames were observed in use
- the type of shelving used in the identified storage area did not have a cleanable surface
- inappropriate storage in identified rooms
- a ripped chair was observed in use
- not all signage in use was laminated

The above issues were discussed with the registered manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that management systems are to be put in place to ensure compliance with best practice in infection prevention and control.

During the tour of the home, one identified bathroom was observed to be in use with flooring in disrepair. A section of concrete flooring beside the toilet was exposed leaving it unable to be effectively cleaned. This was discussed with the registered manager and an assurance was given that the flooring would be repaired/replaced. A requirement was made.

### **5.5.3. Documentation**

A review of three repositioning charts identified one, out of three, evidenced skin inspection of pressure areas at the time of repositioning. This was discussed with the registered manager and an assurance was given that repositioning charts would be completed in full to include skin inspections. A recommendation was made.

A review of three care records identified assessment reviews in two, out of three, were not carried out within the required timeframe. An annual assessment of patients’ needs must be completed for all patients and reviewed monthly or as circumstances change. A requirement was made.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the peripatetic manager, John Coyle, and the registered manager, Eleanor



Dodson, as part of the inspection process. The timescales commence from the date of inspection. The registered person/manager 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 Manager/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](mailto:nursing.team@rqia.org.uk) 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 any 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><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 December 2015</p>	<p>The registered person must ensure that the flooring in the identified bathroom is repaired / replaced to ensure that it can be cleaned.</p> <p><b>Ref: Section 5.5.2</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Flooring has been repaired and it can now be cleaned.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 December 2015</p>	<p>The registered person must ensure that patient' care needs assessments are carried out and recorded at least annually and reviewed and updated appropriately.</p> <p><b>Ref: Section 5.5.3</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All care needs assessments have been carried out and updated, these have been reviewed by the home manager.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 15 December 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><b>Ref: Section 5.2</b></p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Continence care plans have been updated and now include the product colour type and size.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 December 2015</p>	<p>It is recommended that the policies relating to death and dying and palliative and end of life care are made available to staff, when finalised.</p> <p><b>Ref Section: 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> finalised Policies relating to death and dying and palliative and end of life have been made available to staff.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 46 Criteria (1) (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 November 2015</p>	<p>It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p><b>Ref: Section 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff have been engaged in ensuring that compliance with best practice in infection prevention and control are met. Maintenance personnel have removed all damaged shelving and storage containers are now in place.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 December 2015</p>	<p>It is recommended that repositioning charts contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p><b>Ref: Section 5.5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff meeting held on the 14/10/15 by home manager so as to inform all nursing and care staff that skin condition must now be recorded in the comments section of the repositioning charts.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Eleanor Dodson</p>	<p><b>Date Completed</b></p>	<p>01/12/2015</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Dr M C Royston</p>	<p><b>Date Approved</b></p>	<p>04/12/2015</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Dermot Walsh</p>	<p><b>Date Approved</b></p>	<p>07/12/2015</p>

*\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: