

Unannounced Care Inspection Report

9 January 2020



Abbeylands

Type of Service: Nursing Home
**Address: 441 Shore Road, Whiteabbey,
Belfast, BT37 9SE**
Tel No: 028 9086 4552
Inspector: Gillian Dowds

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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 38 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Eleanor Dodson 19 November 2014
Person in charge at the time of inspection: Eleanor Dodson	Number of registered places: 38
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory-over 65 years Nursing Home (NH)	Number of patients accommodated in the nursing home on the day of this inspection: 34

4.0 Inspection summary

An unannounced care inspection took place on 9 January 2020 from 09.35 hours to 18.05 hours.

This inspection was undertaken by the care inspector in conjunction with an inspection of the residential home which is on the same site and has the same manager.

The inspection assessed progress with all areas in the home identified during and since the last care inspection.

Evidence of good practice was found as patients had been supported to maintain their personal care and appearance to a high standard. Staff were knowledgeable of their patients' needs and we saw them interact with and provide care to patients in a calm and friendly manner. The activities display in the foyer was attractively presented.

Areas requiring improvement were identified regarding infection prevention and control and management oversight of the home's fire risk assessment. We also identified deficits in patient care records, specifically in relation to records for those patients who use an enteral feed, require fluid management and regarding the accurate recording of patient's weights and the completion of weight risk assessments.

Comments received from patients, relatives and staff during and after the inspection are included in the body of the report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	*4

*The total number of areas for improvement includes two regulations and two standards which have been stated for a second time. It also includes one area for improvement that was stated under the regulations due to the insufficient progress when stated under the standards.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, manager, Susan Cooke, resident experience team and Linda Moore, deputy 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. However, given the inspection findings, the home's management team were invited to attend a meeting with RQIA on the 17 January 2020. This meeting was attended by Ruth Burrows, head of operational quality, Janice Brown, regional manager and Eleanor Dodson, manager. RQIA were provided with an action and sufficient assurances regarding their progress in addressing the identified issues and what action was to be taken following the inspection.

Given the assurances, it was agreed that the identified areas for improvement would be managed through the Quality Improvement Plan included in the report. This will be verified during future care inspections.

4.2 Action/enforcement taken following the most recent inspection dated 30 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from 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
- the returned QIP from the previous care inspection
- the previous care inspection report

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home

- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

On the day of the inspection we spoke with eight patients and two staff. A poster informing visitors to the home that an inspection was being conducted was displayed.

Questionnaires and 'Have we Missed you' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home.

A poster was displayed for staff inviting them to provide feedback to RQIA on-line.

Any responses received are referred to in the body of the report.

The following records were examined during the inspection:

- staff duty rotas from 23 December 2019 to 12 January 2020
- a sample of medicine records
- three patients' care records
- three patients' supplementary care records
- a sample of governance audits
- monthly monitoring reports from October to December 2019
- staff training records
- the home's fire risk assessment dated June 2019.

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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 13 (7) Stated: First time	The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional procedures at all times.	Met

	<p>Action taken as confirmed during the inspection: Observation of practice during the inspection determined that this area for improvement has been met in regard to the areas identified in the last inspection. However, a new area for improvement will be stated due to the inspection findings in this report.</p>	
<p>Area for improvement 2 Ref: Regulation 12 (4) Stated: First time</p>	<p>The registered person shall ensure that a review of the patients dining experience is undertaken and that the approach to dining is improved for patients.</p> <p>Action taken as confirmed during the inspection: We evidenced that some steps had been taken to address patients' comments regarding the serving of meals or the serving of the lunch time meal. However, feedback from patients and observation of the lunch time service identified that further improvement is required.</p> <p>This area for improvement will be stated for a second time.</p>	Not met
<p>Area for improvement 3 Ref: Regulation 17 (1) Stated: First time</p>	<p>The registered person shall ensure that the governance systems in the report that report on the quality of nursing and services provided by the home are effective and thorough.</p> <p>Action taken as confirmed during the inspection: A review of the governance systems in the home failed to identify what was seen on inspection. Action plans were not developed to rectify the identified shortfalls.</p> <p>This area for improvement will be stated for a second time.</p>	Not met
<p>Area for improvement 4 Ref: Regulation 17 Stated: First time</p>	<p>The registered person shall ensure that a report on the review of the quality of nursing and other services provided by the home is completed on an annual basis and that the report is made available for patients, relatives and other stakeholders.</p>	Met

	<p>Action taken as confirmed during the inspection: A report was available in the home and is currently under review by the manager therefore this area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 48.4 Stated: First time</p>	<p>The registered person shall ensure that the action taken regarding any recommendations made in the fire risk assessment report is clearly stated.</p>	Not Met
	<p>Action taken as confirmed during the inspection: A review of the fire risk assessment evidenced that this area for improvement had not been addressed; therefore a new area of improvement has been made under regulation.</p>	
<p>Area for improvement 2 Ref: Standards 6 and 12 Stated: First time</p>	<p>The registered person shall ensure that patients who require a softer diet are offered a choice of meal at mealtimes and that there is provision for a suitable snack throughout the day.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: We identified suitable snack options available for those patients' who required a softer diet however only one meal option was available for lunch time.</p> <p>This area for improvement will therefore be stated for a second time.</p>	
<p>Area for improvement 3 Ref: Standard 4 and 6.14 Stated: First time</p>	<p>The registered person shall ensure that patients receive the required personal care and that records accurately reflect the care that they have received.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed patients records which contained sufficient information on the personal care provided to patients. We saw patients who had been supported to attend to personal care to an acceptable standard.</p>	

Area for improvement 4 Ref: Standard 35.7 Stated: First time	The registered person shall ensure that copies of any monthly quality monitoring report are available in the home.	Met
	Action taken as confirmed during the inspection: Records reviewed evidenced that the monthly quality monitoring reports were available in the home to review on the day of inspection.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that the necessary improvements are made in the standard of maintenance of the personal administration records.	Not met
	Action taken as confirmed during the inspection: We reviewed maintenance records of the personal administration records. Some records were either not signed or had only one signature for hand written entries. This has been stated for a second time.	

6.2 Inspection findings

Environment

We observed a sample of patient bedrooms, bathrooms, sluices and communal lounges. We found that these were generally well presented and some good examples of personalisation of patient bedrooms was evident. We observed that personal protective equipment (PPE) was available throughout the home. We observed that fire exits were not obstructed and corridors were free from obstruction

We did, however, observe some pull cords in some toilet/bathrooms that were not covered to ensure effective cleaning. We also found clothes and patient supplements inappropriately stored in an upstairs lounge. We also observed an enteral feeding machine which had not been effectively cleaned after use.

We observed various staff members not adhering to the bare below the elbow best practice guidance for effective hand hygiene. This was discussed with the manager at the time of the inspection and further discussed at the meeting in RQIA. Assurances were provided in how this was to be addressed through training and supervision of staff.

An area for improvement for infection prevention and control (IPC) was identified due to the shortfalls identified during the inspection.

Care delivery

No concerns were raised by staff in regard to planned staffing levels; they felt that these were adequate to meet the needs of the patients. They said that the only time they had difficulty was when there was short notice absence. We confirmed with staff and the manager that there were systems in place to manage this. Patients spoken to were mostly positive about the staffing in the home. Comments included:

- “First class anytime, I need anything they are there.”
- “The best.”
- “Staff are brilliant.”

One patient commented that she had to wait a “long time” in the evening to use the toilet. This comment was passed to the manager to address as required.

We observed staff engage with patients in a friendly manner and were aware of their needs and preferences. Staff told us:

- “There is good team, we pull together.”
- “(We) Try to help people.”

The activity planner was on display in the foyer and it detailed the weeks coming events. Patients were complimentary of the activities and the choice provided. We spoke with patients in their bedrooms who confirmed that staff offered them the choice to go downstairs and participate in activities but it was their choice to stay in their room.

Care records

We reviewed the care records for a patient who required an enteral feed via a percutaneous endoscopic gastrostomy (PEG) tube. We found that there was a care plan in place to direct the care but deficits in evaluation of this care was evident. There was a lack of documentation of the care given for the maintenance of the feeding tube and record of the oral care provided. We discussed this with the nurse in charge who assured us that all care was taking place. As this was not documented, an area for improvement was identified.

We reviewed a care plan for one patient who required oral fluids to be restricted. Although the care plan identified that there was a restriction in place, we could not identify the reason for the restriction. We also identified a lack of oversight by the registered nurses of the daily fluid total for the patient. An area for improvement was identified.

The management of patient weights was reviewed. We were able to establish that necessary referrals were made to the dietician.

While nutritional risk assessments were in place, we noted that there was no height recorded to allow for an accurate assessment. A discrepancy was identified in the documentation of one recorded weight between one risk assessment and the weight record. We spoke to the deputy manager and discussed the need for accuracy when calculating a patient’s nutritional risk score or recording of weights. An area for improvement was identified.

We reviewed the medicine records and identified that in some cases hand written entries were either not signed or not counter signed. We also identified that medicines that had been discontinued had not been removed from the medicine records. Dates for three monthly medicines had no date recorded for when the medicine was next due on the medicine administration record. Due to the findings an area for improvement will be stated for a second time.

Dining experience

We reviewed the serving of the lunchtime meal. Staff were available to assist patients in a timely manner.

Some meals were served from a tiered trolley in the dining room. Staff were unable at this time to say how long the meals had been on the trolley or if the meals were being served at an appropriate temperature. Some of the patients we spoke with told us that their meals were cold. Some said the quality and variety of meals was not good. We also identified those patients who required a modified diet had only one meal option on offer.

Management confirmed that they were aware of the issues raised by patients and that they had taken some steps to address this already. We discussed this at the meeting in RQIA. An area for improvement in regard to the dining experience has been stated for a second time.

Management oversight

We reviewed a sample of governance audits including infection prevention and control and hand hygiene audits. Where these audits identified shortfalls action taken to address them was not clearly documented. An area for improvement will be stated for a second time.

We reviewed the fire risk assessment that covered the entire premises which includes the registered residential home adjoining the nursing home. The review of the fire risk assessment confirmed a lack of timely response to the recommendations made by the fire safety officer. This area for improvement had been stated on the previous inspection under the standards. This will now be stated under the regulations.

On the day of inspection we were unable to confirm that all staff were registered with their professional body, the Northern Ireland Social Care Council. This was confirmed through information provided by the home's management after the inspection.

We reviewed the monthly monitoring reports and identified there was a lack of robust and timely management response, resulting in lengthy action plans. The same issue was evident in relation to the fire risk assessment and the areas for improvement identified in the last inspection on 30 May 2019. We discussed the findings at the meeting held in RQIA. Sufficient assurances were provided and an action plan submitted to RQIA to address these concerns. This will be reviewed at the next care inspection.

Areas of good practice

Evidence of good practice was found as patients were well presented and had been supported to maintain their personal care and appearance to a high standard. Staff were knowledgeable of their patients' needs and we saw them interact with and provide care to patients in a calm and friendly manner. The activity display in the foyer was attractively presented.

Areas for improvement

New areas for improvement were identified in relation to infection prevention and control and management oversight of the home's fire risk assessment. We also identified deficits in patient care records, specifically in relation to records for those patients who use an enteral feed, require fluid management and regarding the accurate recording of patient's weights and the completion of weight risk assessments.

	Regulations	Standards
Total number of areas for improvement	3	2

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, manager, Linda Moore, deputy manager, and Susan Cooke, resident experience team, 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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: Second Time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure that a review of the patients dining experience is undertaken and that the approach to dining is improved for patients.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: The Resident Experience Nutritional Facilitator has been visiting the Home twice weekly providing training and supervision with staff around the dining experience so as to improve this for all residents. Cook Manager has commenced in post and is completing an induction. The dining experience is kept under review through the Dining Experience Audit. The Dining Experience audit scores are kept under review of the Regulation 29 Report.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 15 March 2020</p>	<p>The registered person shall ensure that the governance systems in the report that report on the quality of nursing and services provided by the home are effective and thorough.</p> <p>Ref: 6.1 and 6.2</p> <p>Response by registered person detailing the actions taken: The Home Manager has implemented weekly governance meetings with the deputies from both the nursing and residential units for discussions around the care delivery, dining, domestic and housekeeping in the Home. These meetings are minuted for auditing purposes. The Home Manager's review of monthly audits are evidenced. The completion and actions from the monthly audits are kept under review within the Regulation 29 report.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure that infection prevention and control measures in the home are in accordance with regional procedures at all times.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Staff have received infection prevention and control training from the resident experience team, all staff have been given guidance with regards to the importance of completing the infection control module using the elearning site. Training records are held in the Home for any further inspections. Staff practices are kept under review and the monthly IPC audit including hand hygiene and PPE audit will be reviewed as part of the Regulation 29 Report.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from time of inspection.</p>	<p>The registered person shall ensure to review the recommendations made in the fire risk assessment and the actions taken regarding any recommendations made in the fire risk assessment report is clearly stated.</p> <p>Ref: 6.1 and 6.2</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from time of inspection.</p>	<p>The registered person shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team for those requiring enteral feeding specifically via a PEG tube. These records should also reflect the prescribed delivery of oral care.</p> <p>Ref: 6.2</p>
<p>Response by registered person detailing the actions taken: The Home Manager has reviewed all recommendations from the fire risk assessment and all actions have been resolved and clearly stated.</p>	
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the day of inspection.</p>	<p>The registered person shall ensure that patients who require a softer diet are offered a choice of meal at mealtimes.</p> <p>Ref: 6.2</p>
<p>Response by registered person detailing the actions taken: Menus have been revised with the input from the Resident Experience Nutritional Facilitator to include a choice of the softer option at meal times for any residents requiring a level 5 diet.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the necessary improvements are made in the standard of maintenance of the personal administration records.</p> <p>Ref: 6.2</p>
<p>To be completed by: 15 March 2020</p>	<p>Response by registered person detailing the actions taken: A review of all personal administration records has been undertaken, nursing staff have received supervision around the recording of these records, the Home Manager reviews on a daily basis to ensure that this is maintained.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2020</p>	<p>The registered person shall ensure that the care records for those patients who require a fluid restriction should include</p> <ul style="list-style-type: none"> • the reason for the fluid restriction • daily oversight of the patient's recorded fluid intake by the registered nurses <p>Ref: 6.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>Response by registered person detailing the actions taken: The identified careplan has been rewritten to include the reason for the fluid restriction and the RN's daily oversight will be evidenced.</p> <p>The registered person shall ensure a robust system for recording patients' weights and that all relevant information is recorded on the nutritional risk assessment to allow for accurate calculation.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: A full review of all weights has taken place and all relevant information has been clearly documented on the nutritional risk assessments carried out for each resident. Nursing staff have received group supervision around best practice for accurately calculating the MUST and BMI for the residents and recording the same. There has also been discussions with staff on the reporting any deficits in weights. The Regulation 29 Report will review the management of weight loss. .</p>

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



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