Abbeylands
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Unannounced Care Inspection
of
Abbeylands

9 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 March 2016 from 09.35 to 18.05.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, Dignity and Personal Care; Standard 21: Health care and Standard 39: Staff Training and Development of the DHSSPSNI Care Standards for Nursing Homes (2015).

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. 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 described those living in Abbeylands 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 7 October 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
Total number of requirements and recommendations made at this inspection	2	6*

*The total number of recommendations includes two recommendations stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Manager, Eleanor Dodson, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Dr Maureen Claire Royston	**Registered Manager:** Eleanor Dodson
Person in Charge of the Home at the Time of Inspection: Eleanor Dodson	**Date Manager Registered:** 19 November 2014
Categories of Care: RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)	**Number of Registered Places:** 87
Number of Patients Accommodated on Day of Inspection: 65	**Weekly Tariff at Time of Inspection:** £470 - £593

3. Inspection Focus

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

Standard 4: **Individualised Care and Support, criterion 8**
Standard 6: **Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8and 15**
Standard 21: **Health Care, criteria 6, 7 and 11**
Standard 39: **Staff Training and Development, criterion 4**

4. Methods/Process

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

- discussion with the registered manager
- discussion with patients
- discussion with patient representatives
- discussion with staff
- review of a selection of records
- observation during a tour of the premises
- evaluation and feedback

The inspector met with 23 patients, two patient representatives, four care staff, one ancillary staff member and two registered nurses.

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 (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- a sample of staff duty rotas
- staff training records
- five patient care records
- selection of personal care records
- a selection of policies and procedures
- incident and accident records
- care record audits
- infection control audits
- regulation 29 monthly monitoring reports file
- guidance for staff in relation to continence care
- records of complaints

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced care inspection dated 7 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 7 October 2015

Last Care Inspection Statutory Requirements		**Validation of Compliance**
Requirement 1 **Ref**: Regulation 27 (2) (b) **Stated:** First time	The registered person must ensure that the flooring in the identified bathroom is repaired / replaced to ensure that it can be cleaned.	**Met**
	Action taken as confirmed during the inspection: During a tour of the premises the flooring in the identified bathroom was observed to have been repaired.	

Requirement 2 **Ref**: Regulation 15 (2) (a) (b) **Stated:** First time	The registered person must ensure that patient' care needs assessments are carried out and recorded at least annually and reviewed and updated appropriately.	**Met**
	Action taken as confirmed during the inspection: A review of five patient care records evidenced that care need assessments had been carried out, reviewed and updated appropriately.	
Last Care Inspection Recommendations		**Validation of Compliance**
Recommendation 1 **Ref**: Standard 4.8 **Stated:** Second time	The registered person should ensure that a continence care plan has been completed for all patients who require continence management. The type of continence products to be used should be identified in the continence assessments and care plans.	**Met**
	Action taken as confirmed during the inspection: A review of five care records evidenced that continence care plans had been completed on all patients reviewed. The continence products required to meet the needs of the patients had been identified within the continence assessments and care plans.	
Recommendation 2 **Ref**: Standard 32 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: All policies within the home are available to staff online. Access to a computer is available to staff on both sides of the home. Instructions on how to access the policies was posted beside the computers. A memo to advise of the above had been sent to all staff.	

Recommendation 3 **Ref**: Standard 46 Criteria (1) (2) **Stated:** First time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence available that any infection control audits had been conducted in 2016. During a tour of the premises, there was evidence that compliance with infection control best practice had not been achieved. Please see section 5.4.2 for further clarification.	
Recommendation 4 **Ref**: Standard 4 Criteria (9) **Stated:** First time	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.	**Not Met**
	Action taken as confirmed during the inspection: A review of 10 repositioning charts evidenced either none or inconsistent recording of skin checks. Terms such as 'pad changed' and 'repositioned' were recorded within the comments section of the repositioning charts rather than the actual condition of the patients' skin.	

5.3 Continence Management

Is Care Safe? (Quality of Life)

Policies and procedures dated October 2015 were in place to guide staff regarding the management of continence. Policies reviewed focused on Promotion of Continence; Catheter Care and Bowel Care.

Four Seasons Health Care provided a Standard Operating Procedure dated October 2015 on the assessment and care planning for continence care containing continence care guidance.

Discussion with the registered manager and staff and a review of the training records confirmed that 25 staff had received training in continence product management.

Discussion with the manager and staff and information sent to RQIA following the inspection, confirmed there were six registered nurses trained and deemed competent in male/female urinary catheterisation.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

An information leaflet providing continence advice for patients and relatives was available in the home.

Observation during the inspection and discussion with staff evidenced that there were adequate stocks of continence products available in the nursing home.

A continence link nurse had not been identified for the home. However, in discussion, the registered manager stated that plans were in place to establish a continence link nurse for the home.

Is Care Effective? (Quality of Management)

Review of five patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients.

There was evidence in four of five patient care records reviewed that Malnutrition Universal Screening Tool (MUST) risk assessments and Braden assessments had not been reviewed consistently on a monthly basis. One MUST had been reviewed three times between August 2015 and March 2016 inclusive. A recommendation was made.

Four continence care plans had been reviewed and updated on a monthly basis or more often as deemed appropriate. However, there was no evidence within the care records of patient and/or representative involvement in the development of the care plans. A recommendation was made to ensure patient and/or representative involvement in the assessment, planning and evaluation of patient care and evidence of involvement to be recorded within the patient care records.

Records relating to the management of bowels were reviewed which evidenced that staff inconsistently made reference to the Bristol Stool Chart. A recommendation was made.

Records reviewed evidenced that urinalysis was undertaken as required and patients had been referred to their GPs appropriately.

Is Care Compassionate? (Quality of Care)

On inspection, good relationships were very evident between patients and staff; staff were noted to treat the patients with dignity and respect and responded to patients' requests promptly. Patients confirmed that they were happy in the home and that staff were kind and attentive.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

It is recommended that Braden and MUST assessments should be reviewed at minimum monthly and recorded within the patient care records.

It is recommended that patient and/or representative involvement in the development of the care plans should be evident within the care records.

It is recommended that bowel management records should make reference to the Bristol Stool Chart.

Number of Requirements:	**0**	**Number of Recommendations**:	**3**

5.4 Additional Areas Examined

5.4.1. Consultation with Patients, Representatives and Staff

During the inspection process, 23 patients, two patient representatives, four care staff, one ancillary staff member and two registered nurses were spoken with to ascertain their personal view of life in Abbeylands. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Abbeylands.

Some patients' comments received are detailed below:

'I find it very good. They (the staff) are very good to us.'
'The care is very good and the food is excellent.'
'It's alright here.'
'I think it's good really.'
'I really like it here.'
'It's fine. I'd rather be here.'
'I am very happy here.'

Two patient representatives consulted were positive in their experience of Abbeylands and a sample of comments received are detailed below

'I think the home is very good.'
'I find …….is very well taken care off.'

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

Some staff comments received are detailed below:

'I'm happy.'
'I'm enjoying my job.'
'There are good days and bad days.'
'I love my job but it can be frustrating when we are short staffed.'
'I enjoy it.'

5.4.2. 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:

- inappropriate storage in identified rooms
- identified chairs in disrepair
- rusting and dirty commode chairs
- rusting drinks trolley in use
- unclean shower chairs
- missing personal protective equipment (PPE) from holders in communal areas
- staff wearing PPE from patient's rooms into communal corridors
- no covering on identified pull cords
- un-cleanable shelving in use

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 previous recommendation, that management systems were put in place to ensure compliance with best practice in infection prevention and control, has been stated for a second time.

During a tour of the premises a malodour was detected in an identified room. The inspector revisited the identified room one hour following the initial detection and the malodour remained present. This was discussed with the registered manager and a requirement was made to ensure appropriate management of malodours within the home.

5.4.3. Wound Management

One patient's body map identified a wound on 7 March 2016 which required management. However, this was not reflected within the patient's daily evaluations. There was no linked wound assessment, care plan or wound charts relating to the identified wound. A requirement was made to ensure any wound requiring management has an assessment and plan of care in place to meet the need of the patient and any change to the plan of care must be reflected within the patients' wound assessment and care plan.

5.4.4. Oxygen Storage

An oxygen cylinder was observed to be stored in an identified area outside of a patient's room. On examination it was noted that the oxygen cylinder was not attached to the wall as required, when not in use, leaving it at risk of falling over if contact was made with it. A recommendation was made.

5.4.5. Residential Beds

A residential unit within Abbeylands had historically been in the upstairs Seapark Unit. Over a period of time residential patients had filtered throughout the home filling vacant beds. Nineteen residential patients now reside in Abbeylands throughout the home. This was discussed with the registered manager as residential and nursing patients have different

needs. The registered manager agreed to consider the possibility of re-establishing a residential unit in the home where residential patients could live alongside each other.

Areas for Improvement

It is recommended that the registered person ensures systems are in progress to ensure compliance with infection prevention and control within the home.

It is required that malodours are managed within the home.

It is required that wound management is recorded within legislative requirements, minimum standards and professional guidance.

Number of Requirements:	**2**	**Number of Recommendations:**	**1**

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with 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 and assessed by the inspector.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref:** Regulation 18 (2)(j) **Stated:** First time **To be Completed by:** 30 April 2016	The registered person must ensure that malodours are managed within the home. **Ref: Section 5.4.2** **Response by Registered Person(s) Detailing the Actions Taken:** The Registered Manager has now had the room identified by the inspector repainted and a new floor covering put down.
Requirement 2 **Ref**: Regulation 19(1)(a) Schedule 3 (1)(a)(b) (3)(K) **Stated:** First time **To be Completed by:** 30 April 2016	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance. **Ref: Section 5.4.3** **Response by Registered Person(s) Detailing the Actions Taken:** The Registered Manager has now ensured through staff meetings and supervisions that the management of any wound identified in the home has 1. An initial wound assesment chart 2. An ongoing wound assesment chart 3. Photographic evidence of the wound 4. A copy of the refereal to the TVN if required 5. A comprehensive care plan that will be evaluated as and when required. 6. Daily update recorded in progress notes 7. All relevant persons to be informed.
Recommendations	
Recommendation 1 **Ref**: Standard 46 Criteria (1) (2) **Stated:** Second time **To be Completed by:** 31 May 2106	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection. **Ref: Section 5.2, 5.4.2** **Response by Registered Person(s) Detailing the Actions Taken:** The Registered Manager has appointed an Infection Protection and Control Link Nurse. Infection Control audits as per FSHC are now in place and these do reflect best practice. Audits in the areas of hand hygiene ; personal care; use of devices; enviromental cleaning; the use of PPI; decontamination audits are in place as per audit Matrix. 1. The Registered Manager has previously identified a space that can

	be utilised to create storage for equipment and works will be commencing in June 2016. 2. Equipment as detailed in the QIP is a state of disrepair has been disposed off and replacements made if required. 3. All shower chairs were cleaned immediately on the day of the Inspection and a daily cleaning schedule has been established and monitoring will take place through the monthly Infection Control Audit. 4. All DANI Centers were replenished and a process established for ensuring daily replenishment and the pull cords covers have been replaced. 5. All uncleanable shelving in use is being replaced with shelving that will meet infection prevention and control guidelines.
Recommendation 2 **Ref**: Standard 4 Criteria (9) **Stated:** Second time **To be Completed by:** 14 May 2016	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. **Ref: Section 5.2**
	Response by Registered Person(s) Detailing the Actions Taken: All nursing and care staff via staff meetings and supervisions have been informed of the importance of recording and reporting the condition of residents skin on the repositioning charts. All registered nurses have also completed supervisions on record and record keeping in accordance with NMC Guidelines. The Registered Manager and Deputy manager also conduct spot checks on repositioning charts to ensure that this practice is beeing upheld.
Recommendation 3 **Ref**: Standard 4 Criteria (7)(9) **Stated:** First time **To be Completed by:** 30 April 2016	It is recommended that the registered person ensures risk assessments such as MUST and Braden are calculated at minimum monthly or as required. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has through staff meetings and supervisions informed all staff that the MUST and Braden Assesments are to be put in place for each resident immediately and that these must be evaluated monthly by the Named Nurse. Audits will be carried out by both the Home Manager and Deputy Manager via the Patient Traca to ensure that these are beeing completed. The Patient Traca now automatically calculates the MUST score to avoid errors.
Recommendation 4 **Ref:** Standard 4 Criteria (5) (6) (11) **Stated:** First time	It is recommended that care records should evidence patients and/or their representatives' involvement in the assessment; planning and evaluation of the patients' care to meet their needs. If involvement is not possible, then the reason why should be clearly documented within the patient's care record. **Ref: Section 5.3**

To be Completed by: 30 April 2016	**Response by Registered Person(s) Detailing the Actions Taken:** The Home Manager has requested that the Named Nurses make contact with patient representatives where possible and request that they meet to discuss all care needs and where possible ensure the signatures are obtained. If signatures cannot be obtained, the Named Nurse is to ensure that this is recorded in the Care Plans.
Recommendation 5 **Ref**: Standard 4.9 **Stated:** First time **To be Completed by:** 30 April 2016	The registered person should ensure that charts relating to the management of bowels are recorded accurately and consistently throughout the home. Reference should be made to the Bristol Stool Chart on assessment and throughout in daily evaluations. **Ref: Section 5.3**
	Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has now ensured that the Bristol Stool Charts is in place in every care file. All staff through staff meetings and supervisions have been informed of how output now must be recorded.
Recommendation 6 **Ref**: Standard 30 **Stated:** First time **To be Completed by:** 30 April 2016	It is recommended that Oxygen cylinders are stored, when not in use, in compliance with legislative requirements and professional standards and guidelines. **Ref: Section 5.4.4**
	Response by Registered Person(s) Detailing the Actions Taken: Oxygen Cylinders are now stored in the treatment rooms as per standards and guidelines.

Registered Manager Completing QIP	Eleanor Dodson	**Date Completed**	04/05/2016
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	05.05.16
RQIA Inspector Assessing Response	Dermot Walsh	**Date Approved**	09/05/2016

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.