



# Unannounced Care Inspection Report 11 July 2018



## Abbeylands

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Four Seasons Healthcare</p> <p><b>Responsible Individual:</b> Maureen Claire Royston</p>	<p><b>Registered Manager:</b> Eleanor Dodson</p>
<p><b>Person in charge at the time of inspection:</b> Renan Calilap – registered nurse – from 05.30 to 07.30 hours Linda Moore – deputy manager – from 07.30 to 12.30 hours</p> <p>Eleanor Dobson - registered manager also joined the inspection after having been off on a period of leave.</p>	<p><b>Date manager registered:</b> 19 November 2014</p>
<p><b>Categories of care:</b> 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 impairment – over 65 years.</p>	<p><b>Number of registered places:</b> 38</p>

### 4.0 Inspection summary

An unannounced inspection took place on 11 July 2018 from 05.30 to 12.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring the professional registration of staff, communication with patients, their representatives and members of the multiprofessional team, governance arrangements and adult safeguarding. There was also evidence of good practice identified in relation to the management of staff training.

Areas requiring improvement were identified and include environmental and storage issues, noise pollution/disturbance from the nurse call system and the delay experienced by patients awaiting their breakfast.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dobson, registered manager 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 14 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

During the inspection we met with five patients and 15 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give

feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 15 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- complaints/concerns record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 14 June 2018**

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP will be returned and approved by the pharmacist inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 21 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48 Criteria (8)  <b>Stated:</b> First time	The registered person shall develop a system to ensure that all staff has participated in one fire drill per year at minimum.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that a matrix of staff attendance at fire drills was maintained by the registered manager.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12 Criteria (4)  <b>Stated:</b> First time	The registered person shall ensure that nutritional screening is conducted monthly or more often as required dependent on the risk.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients care records evidenced that a nutritional screening had been completed monthly or sooner if required.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12 Criteria (15)  <b>Stated:</b> First time	The registered person shall ensure that puree meals are presented in a manner which distinguishes the different foods served and appears appealing to patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of puree meals to be served at lunch time appeared appetising for patients. The meat, potatoes and vegetables were clearly distinguishable. Review of a sample of patient dining experience audits evidenced actions to be completed where an issue was identified.	



### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The nurse in charge at the commencement of the inspection confirmed the planned daily staffing levels for the home. Discussion with patients, relatives and staff confirmed that they had no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff rotas also confirmed that catering and housekeeping staff were rostered to help meet the needs of the patients and to support the nursing and care staff.

Discussion with the registered manager, staff and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal; this will be further examined at the next inspection.

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A review of training records provided assurance of compliance with mandatory training requirements; there were arrangements in place for the training of existing and new staff members. Observation of the delivery of care evidenced that training had been embedded into practice. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of notification records evidenced that these had been reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction. During a review of the environment the inspector observed blinds to be broken in the dining room, a large quantity of pharmacy boxes in an identified patient's bedroom and an identified toilet area to be out of use. These matters were discussed with the registered manager and the inspector was assured that immediate action would be taken to address. The inspector also noted some concerns regarding the laundry area this included walls which were badly marked, the attached store room was untidy and cluttered and an area within the laundry had carpet in place that was in a state of disrepair. Another room identified as a 'quiet room' was also of concern due to being unlocked with inappropriate storage including high risk items such as paint, staff personal medication, glue, screws, sanitising tablets and furniture cleaner. These matters were discussed with the registered manager and the inspector was assured that immediate action would be taken, an area for improvement under the regulations was also made.

The nurse call system in the home was heard on a frequent basis. The noise and volume made from the nurse call system and the impact this had on the atmosphere in the home was discussed with the registered manager. This has been identified as an area for improvement under the care standards.

The inspector observed an unlocked store room in use for the storage of prescribed supplements. This was discussed with the registered manager who was reminded that this room should be locked at all times, the manager provided assurances that this would be immediately addressed with registered nursing staff.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures guidance were consistently adhered to.

Review of two staff recruitment files evidenced that these had been maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, adult safeguarding, infection prevention and control, risk management and completion of mandatory training.

### Areas for improvement

The following areas were identified for improvement in relation to identified environmental and storage issues and noise pollution/disturbance from the nurse call system

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

A review of three patients' care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the SALT or the dietician changed. Apart from the review of a



nutritional risk assessment for one patient, which was discussed with the registered manager, all other risk assessments reviewed for three patients evidenced that these were consistently reviewed on a monthly basis in line with the policy and procedures for the home. Supplementary care charts such as bowel management records, patient repositioning records and bedrails checks evidenced that contemporaneous records were maintained. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. The review of records for one patient evidenced a directive in place regarding the resuscitation directions for the patient, the inspector identified that whilst this had been signed by the next of kin it had not been signed by the GP. This was discussed with registered nursing staff and addressed with the GP on the day of inspection.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient representatives confirmed their input into the care planning process. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and representatives were aware of who the registered manager was.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between patients, their representatives, staff, other key stakeholders and with the multi-professional team.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 05.30 and were greeted by staff who were helpful and attentive. Patients were observed to be in their bedrooms and in bed at this time; two patients were asleep in armchairs as was their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

All patients, who spoke with the inspector, were positive in their comments regarding their experience of living in Abbeylands. However as the morning progressed the inspector spoke with patients who voiced frustration at the delay in receiving their breakfast. The inspector observed three patients waiting over an hour on their breakfast from the time that their morning personal care needs had been attended to. This was discussed with the registered manager and an area for improvement under the standards was made.

In addition to speaking with patients, their relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives/representatives to complete. At the time of writing this report no questionnaires were returned. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

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

A record of compliments and thanks were available in the home. Some of the comments recorded included:

"....we would like to thank and commend you for the care and loving attention given to....during her time at Abbeylands".

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Apart from concerns raised regarding the delay in patients receiving their breakfast, consultation with five patients confirmed that they were happy and content living in Abbeylands. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, staff knowledge of patients' wishes, preferences and assessed needs, dignity, privacy and listening to and valuing patients and their representatives.

### **Areas for improvement**

The following area was identified for improvement in relation to the delay experienced by patients who were awaiting their breakfast.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The management team were knowledgeable in regards to the registered categories of care for the home.

Since the last inspection there has been no change in management arrangements.

Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints and/or concerns were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records confirmed that a process for governance and monthly auditing of accidents/incidents, falls and infection prevent and control was in place.

Discussion with the responsible individual and a review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to understanding of roles and responsibilities, governance arrangements, management of complaints and incidents, communication amongst staff, maintaining good working relationships and completion of Regulation 29 monitoring visits.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eleanor Dobson, registered manager and Linda Moore, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> Ref: Regulation 27 Stated: First time To be completed by: Immediate action required	The registered person shall ensure to address the environmental and storage issues highlighted during this inspection. Ref: <b>Section 6.4</b> Response by registered person detailing the actions taken: The registered person has examined the environment and has sourced storage that is appropriate to the Home as highlighted during the inspection.
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b> Ref: Standard 43.5	The registered person shall ensure that steps are taken to address the noise pollution and disturbance from the call system.

<b>Stated:</b> First time  <b>To be completed by:</b> 1 October 2018	<b>Ref: Section 6.4</b>
	<b>Response by registered person detailing the actions taken:</b> Contractor serviced the nurse call system and lowered the noise level on the call system.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall review the morning routine to ensure the timely serving of breakfast to patients.
	<b>Ref: Section 6.6</b>
	<b>Response by registered person detailing the actions taken:</b> The registered person has, following discussion with kitchen staff, resolved the timely serving of breakfast for residents who are early risers.

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



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