

Unannounced Care Inspection Report 24 August 2020



Abbeylands

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

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 inspection took place on 24 August 2020 from 09.30 to 16.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC) practices
- environment
- care delivery
- governance and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4*	3*

*The total number of areas for improvement includes one area under the regulations and one under the standards which have been carried forward to the next inspection. One further area under the standards has been partially met and stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, manager, as part of the inspection process. The timescales for completion commence from the date of 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 the inspection the inspector met with seven patients and six 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 on-line. The inspector provided the registered manager with 'Tell us cards' which were then placed in a prominent position 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.

The following records were examined during the inspection:

- the duty rota from 17 to 30 August 2020
- the home's registration certificate
- three residents' care records
- three residents' supplementary care charts
- a sample of governance audits/ records
- a sample of monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or carried forward to a future inspection.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 9 January 2020.

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 12 (4) Stated: Second Time	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.	Met
	Action taken as confirmed during the inspection: A review of the dining experience for patients was undertaken and the serving of lunch time meal was observed, patients received their meal timely and were provided with assistance as required.	
Area for improvement 2 Ref: Regulation 17 (1) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: A selection of governance audits and reports was reviewed they were found to be robust and generated action plans for any deficits addressed.	
Area for improvement 3 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
	On the day of inspection staff were observed to adhere to infection control practices.	

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of the fire risk assessment evidenced that recommendations made were actioned appropriately or where in the progress of being actioned.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1)(a)(b)</p> <p>Stated: First time</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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that patients who require a softer diet are offered a choice of meal at mealtimes.</p> <p>Action taken as confirmed during the inspection: A choice of softer diet options were available for patients who require this option at meal times.</p>	<p>Met</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>Action taken as confirmed during the inspection: The care documentation reviewed evidenced improvement in the standard of writing; the records reviewed were detailed and patient specific.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</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>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>	<p>Partially met</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>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>Action taken as confirmed during the inspection:</p> <p>A system has been implemented to record patient weights which the deputy manager oversees. The records reviewed were not consistency recorded.</p>		

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work and upon finishing their shift; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We reviewed the duty rotas for the period from 17 August to 30 August 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- “Things are ok.”
- “We all work together.”
- “I like to make a difference for the residents.”
- “Things are good.”

6.2.2 Personal Protective Equipment

The majority of staff were observed to use PPE appropriately and were observed to carry out hand hygiene correctly. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE.

Two non – clinical staff were observed to wear cloth face coverings, the current guidance for nursing homes in Northern Ireland recommends the use of a fluid repellent surgical mask in the care home setting. This was discussed with the manager and an area for improvement was made.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home’s environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas.

We found corridors and fire exits were clear and unobstructed. The home was fresh smelling throughout.

The patients’ bedrooms which were viewed were clean, warm and had been personalised with items that were meaningful to individual patients.

We did observe that a number of pieces of moving and handling equipment and wheelchairs in use required more effective cleaning; we brought this to the attention of the manager to action and an area for improvement was made.

It was identified that some topical creams and lotions in patients’ bedrooms were not marked with the date of opening. This was discussed with the manager and the importance of dating these items stressed as they have a limited shelf life once opened, an area for improvement was made in this regard.

Current Covid -19 guidance for nursing and residential care homes in Northern Ireland recommends that all care homes should be monitoring patients for signs and symptoms of coronavirus; this monitoring includes twice daily temperature recording. The manager advised that at present the patients’ temperature was only recorded once a day. An area of improvement was made to ensure compliance with the current guidance.

6.2.4 Care delivery

We observed that patients looked well cared for and were content and settled in their surroundings. There was a friendly and relaxed atmosphere in the home. Efforts had been made to follow social distancing guidelines while patients were seated in the day rooms.

We observed the serving of lunch in the dining room and found this to be a pleasant and unhurried experience for the patients. The dining room was clean and tidy, the menu was displayed, the food on offer was well presented and smelled appetising, staff were helpful and attentive.

Patients spoken with indicated that they were well looked after by the staff. They told us:

- “I can’t complain.”
- “Things are alright here.”
- “It’s fine.”
- “The food is good.”
- “They (the carers) look after you very well.”
- “I have no complaints at all.”

Review of three patients’ care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. However, some of the care plans, patient weights and risk assessments reviewed did not evidence consistent timely recording or review. Three supplementary care records were also reviewed in relation to food and fluid intake and repositioning. These records also evidenced gaps in the regular documentation of food and fluid intake and the repositioning of patients. Specific examples were discussed with the manager and an area for improvement was made in respect to care documentation.

6.2.5 Governance and management arrangements

A sample of governance audits reviewed evidenced that the management maintained a good level of oversight in the home. Audits generated action plans with timeframes that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required.

A review of records evidenced that that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that systems were in place to ensure notifiable events were reported to RQIA or other relevant bodies appropriately.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

Areas of good practice

Areas of good practice were identified in relation to the care delivery and the governance and management arrangements.

Areas for improvement

Four new areas for improvement were identified in relation to infection prevention and control, compliance with Northern Ireland Covid -19 guidance, care documentation and the dating of topical creams.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to their individual needs.

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, 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 (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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2020</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> • The use of fluid repellent surgical masks by all staff members when required • The cleaning of wheelchairs and moving and handling equipment. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has met with staff and she has provided them with the relevant up to date guidance on the management of infection prevention and control. These meetings were carried out under supervision and covered the importance of wearing surgical repellent masks. Cleaning schedule for wheelchairs and moving and handling equipment has been reviewed. Registered Manager will monitor compliance during walkabouts.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2020</p>	<p>The registered person shall ensure that regional Covid -19 guidance for nursing and residential homes is implemented in relation to twice daily recording of patients' temperatures.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured that temperature recording charts are now in place for residents, staff and visitors. Residents and staff have temperature checks twice daily and records are kept and will be monitored by Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2020</p>	<p>The registered person shall ensure the following in regards to care records:</p> <ul style="list-style-type: none"> • Care plans and risk assessments are kept up to date and are reviewed regularly • Food and fluid intake charts are totalled every 24 hours • Repositioning records are recorded to reflect the frequency of repositioning as recommended by the patients care plan. <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has put in place a care file and risk assessment matrix that nursing staff complete either monthly or sooner if required. Residents requiring food and fluids booklets have been reviewed, completion of same is monitored by the Home Manager, Deputy and Nurse in Charge. These charts are signed and dated. Night staff total the fluid charts for each 24 hour period, recording in progress notes actions to be taken when not met. Repositioning booklets reviewed against care plan ensuring frequency is recorded, these are also monitored, signed and dated.</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 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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2020</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>The patient weight records should be regularly and consistently recorded.</p> <p>Ref: 6.2.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2020</p>	<p>Response by registered person detailing the actions taken: The Registered Manager is ensuring that residents weights are recorded in the relevant documentation before being transferred onto the Epic Weights System. The Manager has sourced MUAC measuring tapes for residents that cannot be safely weighed. This measuring tape provides the user with the height and BMI of the resident that is then recorded onto the relevant documentation.</p> <p>The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has carried out a review of shelf life topical lotions and creams with staff and advised the importance of recording date of opening.</p>

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care