

# Unannounced Care Inspection Report 28 November 2016



## Abbeylands

**Type of Service: Nursing Home**  
**Address: 441 Shore Road, Whiteabbey, Belfast, BT37 9SE**  
**Tel no: 028 9086 4552**  
**Inspector: Dermot Walsh**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Abbeylands took place on 28 November 2016 from 09.30 to 17.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection.

During the inspection, patients were observed using the hairdressing room. This room had previously been a bathroom. Two toilets observed had also been converted to shower rooms. RQIA had not received an application to change the purpose of these rooms in breach of The Nursing Homes Regulations (Northern Ireland) 2005.

A meeting was held with senior management in RQIA at which enforcement action was considered. A decision was made to write to the registered persons to outline the process involved in making changes to the use of registered rooms and to remind the registered person of their responsibility regarding this process. The registered person also agreed to submit the application retrospectively and information received following the meeting evidenced that this application was in process. An urgent estates inspection was arranged to review the hairdressing room and the two shower rooms and both were subsequently approved for use.

The term 'patients' is used to describe those living in Abbeylands which provides both nursing and residential care.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	*1	*3

\*The total number of requirements and recommendations above includes one requirement and one recommendation which have each been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eleanor Dodson, Registered 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.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced finance inspection undertaken on 12 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered manager:</b> Eleanor Dodson
<b>Person in charge of the home at the time of inspection:</b> Eleanor Dodson	<b>Date manager registered:</b> 19 November 2014
<b>Categories of care:</b> RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)  64 Nursing: 19 residential with 3 additional named individuals in category RC-A for the duration of their stay in the home. 2 residents in category RC-MP. 1 resident in category RC-A. The home is also approved to provide care on a day basis to 1 person.	<b>Number of registered places:</b> 87

## 3.0 Methods/processes

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

Prior to inspection we analysed the following information:

- 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 previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with nine patients individually and others in small groups, two patient representatives, six care staff, two registered nurses and three ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was reviewed during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- a selection of audit documentation
- a staff recruitment file
- duty rota for the period 28 November to 4 December 2016

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 12 October 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector and will be validated at the next finance inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 4 – 5 July 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)</p> <p><b>Stated:</b> Second time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of record keeping in relation to wound management evidenced that this requirement has now been met. Please see section 4.3.3 for further details.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.</p>	

	<p><b>Action taken as confirmed during the inspection:</b>  During a review of the environment, the home was observed to be compliant with best practice in infection prevention and control (IPC). Isolated incidents identified were rectified during the inspection. There was evidence that monthly audits had been completed on IPC. The registered manager confirmed that compliance with IPC was monitored during a daily walk around the home. The registered manager also confirmed that the regional manager had completed IPC TRaCA audits to monitor compliance.</p>	
<p><b>Requirement 3</b>   <b>Ref:</b> Regulation 19 (1) (a), schedule 3, (3) (k)   <b>Stated:</b> First time</p>	<p>The registered person must ensure contemporaneous records of all nursing provided to the patient are recorded accurately to evidence actual care given and accounts for any concerns or deficits identified.</p> <p>Particular attention should focus on the accurate completion of repositioning charts.</p> <p><b>Action taken as confirmed during the inspection:</b>  A random selection of 10 repositioning charts throughout the home evidenced that these had been completed appropriately.</p>	<b>Met</b>
<p><b>Requirement 4</b>   <b>Ref:</b> Regulation 21 (1) (b)   <b>Stated:</b> First time</p>	<p>The registered provider must ensure the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of the recruitment process evidenced that all relevant checks had been completed prior to the staff member commencing in post.</p>	<b>Met</b>

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of wedging open doors must cease with immediate effect and alternate measures sought should the patient wish for their door to remain open.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> During a review of the environment the treatment room door in the Seapark ground floor unit was observed wedged open and a bedroom door on the first floor was observed propped open with a chair.</p> <p>This requirement has not been met and has been stated for a second time.</p>	<p><b>Not Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4 Criteria (9)</p> <p><b>Stated:</b> Second time</p>	<p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Bowel management charts had been completed consistently throughout the home and made reference to the Bristol Stool Chart.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that Oxygen cylinders are stored, when not in use, in compliance with legislative requirements and professional standards and guidelines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Oxygen cylinders observed were stored appropriately when not in use.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 39 Criteria (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure staff inductions are completed in a timely manner.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Staff consulted confirmed that their inductions had been completed in a timely manner. An induction record reviewed on inspection had been completed and signed by the staff member and verified by the registered manager within four weeks of commencing in post.</p>	<p><b>Met</b></p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the system to review mandatory training is further developed to ensure that staff have completed mandatory training within the required time parameters.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of training records evidenced that the home's overall compliance with mandatory training was at 87 percent. The majority of staff had training in moving and handling, infection prevention and control, fire safety, first aid and adult safeguarding. Compliance with training was also monitored by the regional manager.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should review the mealtimes for patients across all meals to include how staff provide assistance, serve meals in a timely manner and ensure adequate 'gaps' between meals.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The breakfast and lunchtime mealtime experience were reviewed during the inspection and both had been appropriately managed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure a system is in place to manage safety alerts and notifications.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An urgent communication issued to the home on 4 August 2016 was reviewed. Records indicated 50 percent of staff had an awareness of the communication.</p> <p>This recommendation has not been met and will be stated for a second time.</p>	<p><b>Not Met</b></p>

### 4.3 Inspection findings

#### 4.3.1 Staffing Arrangements

The registered manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 28 November 2016 evidenced that the planned staffing levels were adhered to. Staff advised that when they had to accompany patients with appointments, this impacted on their ability to perform their care duties. This matter was discussed with the registered manager who gave an assurance that they would review this arrangement.

### 4.3.2 Care Practices

Breakfast was served to patients from 09.15 and finished at 10.30 hours. The serving of lunch commenced at 12.30. Patients who required assistance with puree meals were assisted in the dining room at this time. This assistance was given in an unhurried manner. One patient was observed in the dining room consuming a normal diet during this period. This observation was discussed with staff who confirmed that the identified patient normally required a longer period of time to consume their food and by serving their meal early; this would enable them to finish their meal in the company of other patients. This demonstrated a person centred approach to care. Staff also responded appropriately to another patient's request to be seated in an alternative area where they preferred to have their lunch. The serving of food from a heated trolley commenced at 12.55. The food was plated by kitchen staff and served by nursing and care staff when patients were ready to eat or be assisted with their meals. Staff wore appropriate aprons and patients, who required, were observed wearing clothing protectors. Condiments were available on patients' tables and a range of drinks were served to patients. Food was covered when transferred to patients' preferred dining locations. Staff were knowledgeable regarding patients' dietary requirements. The food appeared appetising and nutritious and had been complimented by a number of patients. The lunchtime meal was completed at 13.25 hours.

When reviewing the environment, five patients' names were observed on a whiteboard in an office with the instruction, 'to be bed bathed by night staff,' written beside them. A review of the patients' care plans confirmed that three out of the five preferred to be washed and dressed at 07.00. A recommendation was made to ensure that the remaining two patients had agreed this preferred time for waking and personal hygiene needs to be attended too and that this agreement was recorded within the patients' care plans. It was also agreed with the registered manager that patients had the right to remain in bed if that was their wish on any given day.

### 4.3.3 Care Records

Wound care files had been developed to monitor and record the progress of patients' wounds within Abbeylands and Seapark nursing units. Two care files reviewed evidenced that wound assessments and care plans had been developed and reviewed. Wound observation charts had been updated when wounds had been redressed and included necessary information to monitor the progress of the wounds. Body maps had been completed and the patients' Braden risk assessments had been updated appropriately.

A review of supplementary patient care records evidenced that these had been completed well. Ten repositioning charts sampled all evidenced skin checks had been completed. Daily bowel management records had been completed on each individual patient within a monthly bowel monitoring chart. However, the completed charts along with other supplementary care records were observed in the public lounge when staff were not present. A recommendation was made to ensure that records are stored and managed appropriately to ensure that patients' rights to confidentiality are respected.

### 4.3.4 Consultation

On inspection two registered nurses, six carers and three ancillary staff members were consulted to ascertain their views of life in Abbeylands. Nine staff questionnaires were left in the home to facilitate feedback from staff. Seven of the questionnaires were returned within the timescale for inclusion in the report. All respondents indicated that they were either satisfied or very satisfied with patients' care within the home.



Some staff comments were as follows:

- “I love it here.”
- “It’s good here. Very laid back.”
- “I love it.”
- “It is ok here.”
- “I love it a hundred percent here.”
- “I really like it here.”

On inspection nine patients were consulted and the patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Nine patient questionnaires were left in the home for completion. All nine patient questionnaires were returned within the timeframe. All respondents indicated that they were either satisfied or very satisfied with their care within the home.

Some patient comments were as follows:

- “The foods good and I’m happy.”
- “I like it here.”
- “The home is fine. The food is very good.”
- “It’s fine here. The food’s good.”
- “The food is good here. The home’s fine.”

Two patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. One relative questionnaire was returned within the timeframe. The respondent was satisfied with the patient’s care in the home.

Some relative comments were as follows:

- “They (the staff) are very nice here.”
- “I find the care given here is very good.”

#### **4.3.5 Environment**

A review of the home’s environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. Infection prevention and control measures were adhered to and equipment was stored appropriately. Isolated incidences of IPC issues, identified on inspection, were rectified immediately. Fire exits and corridors were maintained clear from clutter and obstruction. The treatment room door in the Seapark ground floor unit was observed wedged open and a bedroom door on the first floor was observed propped open with a chair. This was concerning as a requirement had been made in relation to this issue at a previous inspection and continued not to be met. This requirement has been therefore stated for the second time.

During the inspection, patients were observed using the hairdressing room. This room had previously been a bathroom. Two toilets observed had also been converted to shower rooms. RQIA had not received an application to change the purpose of these rooms in breach of The Nursing Homes Regulations (Northern Ireland) 2005. The works which had been undertaken were of a good quality from a care perspective.

A meeting was held with senior management in RQIA at which enforcement action was considered. A decision was made to write to the registered persons to outline the process involved in making changes to the use of registered rooms and to remind the registered person of their responsibility regarding this process. The registered person also agreed to submit the application retrospectively and information received following the meeting evidenced that this application was in process. An urgent estates inspection was arranged to review the hairdressing room and the two shower rooms and both were subsequently approved for use.

### Areas for improvement

It is recommended that were patients' preferred rising time is early "prior to 07.00am," care plans should reflect this information and be reviewed on an ongoing basis.

It is recommended that supplementary care records are stored and managed in accordance with legislative requirements and best practice standards to ensure patients' rights to confidentiality and privacy are respected.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eleanor Dodson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27 (4)

**Stated:** Second time

**To be completed by:**  
immediately from date  
of inspection

The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of wedging open doors must cease with immediate effect and alternate measures sought should the patient wish for their door to remain open.

**Ref: Section 4.2, 4.3.5**

**Response by registered provider detailing the actions taken:**

The bedroom door was fitted with a door guard on the day of the inspection and costs are being gathered for a DRU for the Treatment Room door as identified on the day of the inspection.

### Recommendations

#### Recommendation 1

**Ref:** Standard 17

**Stated:** Second time

**To be completed by:**  
7 January 2017

The registered person should ensure a system is in place to manage safety alerts and notifications.

**Ref: Section 4.2**

**Response by registered provider detailing the actions taken:**

The home manager has now printed a pre populated signing register for easy identification that all staff signatures have been achieved to ensure all staff sign any safety alerts.

#### Recommendation 2

**Ref:** Standard 4

**Stated:** First time

**To be completed by:**  
7 January 2017

The registered persons should ensure that were patients' preferred rising time is early "prior to 07.00am", care plans should reflect this information and be reviewed on an ongoing basis.

Particular attention should focus on the two patients identified on inspection.

**Ref: Section 4.3.2**

**Response by registered provider detailing the actions taken:**

Both patients care plans has been rewritten to include a time of rising.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 37 Criteria (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 October 2016</p>	<p>The registered person should ensure that supplementary care records are stored and managed in accordance with legislative requirements and best practice standards to ensure patients' rights to confidentiality and privacy are respected.</p> <p><b>Ref: Section 4.3.3</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A suitable locking and mobile storage unit is being sourced for the storage of supplementary care records.</p>
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*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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