



Unannounced Care Inspection Report 5 November 2020



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home (NH)
Address: 95 Knockbracken Road, Belfast BT6 9SP
Tel no: 028 9044 8797
Inspector: Heather Sleator

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 85 persons.

3.0 Service details

<p>Organisation/Registered Provider: Maryland Healthcare Ltd</p> <p>Responsible Individual: Susan McCurry</p>	<p>Registered Manager and date registered: Jacquelyn Grace Woods 19 September 2017</p>
<p>Person in charge at the time of inspection: Jacquelyn Woods</p>	<p>Number of registered places: 85</p> <p>20 patients in category NH-DE to be accommodated in the Rowan Unit 20 patients in the category NH-DE to be accommodated in the Larch Unit 10 patients in the category NH-DE to be accommodated in the Willow Unit</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 69</p>

4.0 Inspection summary

An unannounced inspection took place on 5 November 2020 from 09.20 to 17.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- management of patients' finances
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing.

We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement were identified regarding care planning in respect of responding to behaviours, risk assessing and care planning for the use of any potential restrictive practice and monitoring that personal care tasks are completed by care staff.

Patients said that they felt they were well cared for by staff and commented, "Very good here, couldn't complain, food's good and plenty of it."

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
Total number of areas for improvement	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacquelyn Woods, 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.

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 we met with eight patients individually and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector provided the 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:

- staff duty rotas from 19 October to 5 November 2020
- three staff competency and capability assessments
- five patients' care records

- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- fire safety records
- RQIA registration certificate.

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 3 January 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "It's very friendly and homely here."
- "We all work well together here."
- "There's good teamwork."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager.

The manager stated that the unit managers of the four units have the responsibility of ensuring supervisions and annual appraisals are completed. This process was confirmed by staff who we met with.

We reviewed the process for monitoring staffs' compliance for registration with their regulatory body, the Nursing and Midwifery Council (NMC) for registered nurses and The Northern Ireland Social Care Council (NISCC) for care staff. Evidence was present that the manager had implemented a robust system for monitoring the status of staff with their regulatory body on a monthly basis.

We discussed the arrangements for staff meetings. The manager stated that each unit convenes their own staff meetings and that the minutes are held in each of the four units. In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to Covid-19. Care staff spoken with confirmed that staff meetings are held and told us that the handover reports which they attend when commencing duty are informative. A daily allocation sheet directs care staff regarding the plan of the day and this is supplemented by any necessary information from the senior care assistants and/or supervisors.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were two questionnaires completed and returned to RQIA by staff. One respondent indicated that they were very unsatisfied that care was compassionate, safe, and effective and that the service was well led. The remaining respondent indicated that they were very satisfied across the four domains. The following additional comment was made;

- "The home provides top class service. All care staff and nursing staff are competent in their job and provide excellent service."

The manager was informed of this information prior to the issue of the report for their attention and action as required.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff told us that they had completed training in relation to infection prevention and control procedures with a specific emphasis on Covid-19.

Visiting arrangements were pre-arranged with staff and a designated area had been identified for any visits. The location of the visitors pod minimised any potential health risk for other patients and staff.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. The home was well maintained, attractively furnished and good standards of cleanliness were evident.

Fire safety arrangements were reviewed. Fire drills occurred on a regular basis and a review of the most recent fire risk assessors report, dated 8 September 2020 evidenced that any recommendations made had been actioned. The manager was advised that she should review the fire risk assessors report as soon as the home receives it to ensure any recommendations are addressed in a timely manner.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, particularly the activities coordinators.

Some comments made by patients included:

- "The staff are very good."
- "Couldn't say one bad thing about them (staff)."
- "If you go to them (staff) with a problem they all see what they can do."
- "Very good, couldn't complain, good food and plenty of it."
- "It's alright here, the girls do their best."

Three questionnaires were completed and returned to RQIA. The two questionnaires returned from patients indicated that they were very satisfied that care was compassionate, safe and effective and that the service was well led. Additional comments included:

- "I have loved this home since admission."
- "The manager is professional and understanding."

The remaining questionnaire was completed by a patient's representative and the respondent indicated that they were very satisfied with all aspects of care in the home. The following comment was made;

- "My relative has been treated extremely well during their stay here."

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences.

6.2.4 Care records

We reviewed five care records. Care plans in relation to wound care management, the management of falls and responding to behaviours were reviewed. The review evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exception was in relation to care planning for responding to behaviours that challenge. The review of patients' care plan regarding behaviour management did not clearly specify how the behaviour presented, any known triggers or how to respond/diffuse the behaviour. This has been identified as an area for improvement. Also, the review of a patient's care records made reference to the use of a kirton chair. This type of specialised seating should only be used in consultation with the appropriate professional. This seating is also viewed as a potential restrictive practice and the associated risk assessment and care plan should be in place for the safe use of any potential restrictive practice. This has been identified as an area for improvement.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

We observed that the fingernails of a small number of patients were not clean. In discussion with a supervisor in one of the units it was stated that staff input the personal care completed with the patients via an 'iPad' on a daily basis. As we observed this as an area need for patients the manager was advised that the completion of personal care tasks should be monitored by the senior care assistants and the supervisors. If patients do not wish to have assistance with aspects of their personal care, this information should be recorded on the relevant supplementary care record. This has been identified as an area for improvement.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "I could go to the manager or anyone if I needed to."

There were numerous 'thank you' cards displayed and comments included:

- "Thank you so much for looking after our (relative), your care and attention was second to none."
Relative- March 2020
- "To all the caring team at Maryland, you all do your job so well."
Relative- December 2019

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for August, September and October 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified regarding care planning for responding to behaviours that challenge, risk assessing and care planning for the use of any potential restrictive practice and monitoring that personal care tasks are completed by care staff.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacquelyn Woods, Registered 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	
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: 3 December 2020	<p>The registered person shall ensure that the treatment and prescribed care to patients meet their individual needs and reflect current best practice. Care plans in respect of responding to behaviours that challenge should be explicit and in accordance with current standards.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans have been reviewed and updated to ensure responses to behaviours that challenge are explicit and in accordance with current standards</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standards 17 and 18 Stated: First time To be completed by: 3 December 2020	<p>The registered person shall ensure that care plans and recording in respect of responding to behaviours that challenge and restrictive practice adhere to the guidance as stated in the relevant standards;</p> <ul style="list-style-type: none"> • responding to behaviours- standard 17; • the use of restrictive practice – standard 18. <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Resident care plans have been reviewed and updated in line with Standard 17 and Standard 18</p>
Area for improvement 2 Ref: Standard 6.14 Stated: First time To be completed by: Immediate	<p>The registered person shall ensure that patients' personal care and grooming needs are regularly assessed and met. This includes but is not limited to patients' hair and nail care.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Staff document all offers and refusals of nail care relevant to each individual residents choice</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](https://twitter.com/RQIANews)