

Inspection Report

19 and 20 October 2023



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Maryland Healthcare Limited</p> <p>Responsible Individual: Ms Susan McCurry</p>	<p>Registered Manager: Mrs Jacquelyn Grace Woods</p> <p>Date registered: 18 September 2017</p>
<p>Person in charge at the time of inspection: 19 October 2023 Mrs Judith Robb, Unit Manager (Juniper Unit) from 10.00 am to 5.20 pm</p> <p>20 October 2023 Mrs Jacquelyn Grace Woods, Manager from 10.05 am to 4.20 pm.</p>	<p>Number of registered places: 85</p> <p>A maximum of 20 patients in category NH-DE to be accommodated in the Rowan Unit</p> <p>A maximum of 20 patients in category NH-DE to be accommodated in the Larch Unit</p> <p>A maximum of 10 patients in category NH-DE to be accommodated in the Willow Unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 83</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 85 patients. The home is divided into four units all of which are on the ground floor. These units are named: Willow, Larch, Juniper and Rowan. Patients have access to various communal spaces including lounges and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 19 October 2023 from 10.00 am to 5.20 pm and 20 October 2023 from 10.05 am to 4.20 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients.

An area for improvement has been identified regarding display of the daily menu. The total number of areas for improvement includes two regulations which are carried forward for review at the next inspection.

The reception area and each unit in the home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

The manager advised that staffing levels were regularly reviewed in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, patients' relatives, staff and a visiting professional are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Susan McCurry, Responsible Individual and Mrs Jacquelyn Grace Woods, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients and patients' relatives spoken with provided positive feedback about Maryland Healthcare Care Centre of Distinction. Patients told us that they felt well cared for; enjoyed the food and that staff were kind. Patients' relatives told us that staff were welcoming, accommodating and they were very satisfied with the care provided. They confirmed they were confident that any concerns raised would be addressed promptly.

Staff spoken with were mainly positive in regards to staffing levels and the service provided in the home. However, staff in one unit commented that staffing levels could be improved during the afternoon shift. This was discussed with the manager and the responsible individual who advised they would address the matter. A written response was received which details the actions management had taken in response to the issues raised. This is discussed further in section 5.2.1.

Following the inspection we received four completed patient/relative questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led.

The following comments were recorded:

'Manager is very supportive and goes out of her way to help residents. Dad loves the home.'
'Staff provide excellent care to my Mother.'

One staff questionnaire was received within the timescale specified indicating that they were satisfied that care provided was safe, effective and the service is well led. They confirmed they were very satisfied that patients were treated with kindness and compassion.

A visiting professional commented: "I've been coming to the home since it opened and find the staff helpful and attentive. All's good. I have no issues."

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 and 9 February 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Third and final time	<p>The registered person shall ensure record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	<p>The registered person shall ensure electronic medicine records are fully and accurately maintained. This is in specific reference to the Juniper Unit and includes:</p> <ul style="list-style-type: none"> - Personal medication records - Medicine administration records <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall ensure safe systems for the management of warfarin are in place.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Third and final time	The registered person shall ensure that supplementary repositioning records are completed in a contemporaneous and comprehensive manner at all times; nursing records should also evidence meaningful evaluation of this care by nursing staff.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 35.6 Stated: First time	The registered person shall ensure that the recording of wound care and completion of repositioning charts are audited on a regular basis to drive the required improvements.	Met
	There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said they received a good induction to the home, there was good teamwork and that they felt supported in their role. A number of staff spoken with told us that whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. However, staff in one unit commented that they had concerns that staffing levels were inadequate during afternoon shifts in order to efficiently meet the assessed needs of more dependent patients. This was discussed with the manager and the responsible individual who advised they would address the matter.

Correspondence received on 27 October 2023 from the responsible individual, confirmed that a meeting had taken place with staff in the identified unit to discuss and review staffing levels. The responsible individual confirmed that an extra staff member has been allocated to the daily duty rota to provide support during afternoon shifts.

Review of records regarding the induction of new staff evidenced that a structured orientation and induction programme was undertaken at the commencement of employment.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2023 evidenced that staff had attended training regarding adult safeguarding, first aid, moving and handling, dementia awareness, control of substances hazardous to health (COSHH) and

infection prevention and control (IPC). The manager confirmed that staff training is kept under review.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Mrs Jacquelyn Grace Woods, was identified as the appointed safeguarding champion for the home.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding patients at risk of falls, wounds, skin integrity and pressure relief were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Supplementary charts for patients who require to be assisted by staff to reposition for pressure relief evidenced that patients were assisted to change their position in accordance with the frequency identified in their care plan. Records were completed in a contemporaneous and comprehensive manner.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (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), SALT or the dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room in Larch Unit. Soft music was playing in the background and staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

The menu was displayed in written form showing patients what is available at each mealtime. However, pictorial menus were not on display in the units to show what was available at each meal time for patients who require them. The daily menu is required to be displayed in a suitable format including pictorial where necessary, in a suitable location showing what is available at each mealtime. This was discussed with the manager and an area of improvement was identified.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Memory boxes outside bedrooms containing photos, ornaments and items important to each patient were well maintained and in good repair and signage was clear.

Equipment used by patients such as hoists, walking aids and wheelchairs were noted to be effectively cleaned.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of personal protective equipment (PPE).

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard in each unit advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as arts and crafts, making Halloween suncatchers and attending entertainment events. The manager told us that patients enjoyed a recent visit from an Ukulele band.

Records reviewed evidenced they were detailed and well documented to reflect the planned activities attended. Comments recorded showed that patients enjoyed the activities they attended.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change in the management arrangements. Mrs Jacquelyn Grace Woods has managed the home since 18 September 2017. Discussion with staff and patients' representatives evidenced that the 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 manager.

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.

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

Review of a selection of competency and capability assessments evidenced they were completed for trained staff regarding wound management, medicine management and for staff left in charge of the home when the manager was not on duty.

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Robust management oversight and systems to assure the effective delivery and review of wound care and patients who require to be assisted to reposition was in place. The manager confirmed that each unit manager completes their own set of monthly audits which she reviews, signs and dates. Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care plans, wounds, patients who require to be assisted by staff to reposition for pressure relief, complaints and infection prevention and control (IPC) practices, including hand hygiene.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of the complaints book evidenced that systems were in place to ensure that complaints were managed appropriately. Patients' relatives said that they knew who to approach if they had a complaint.

Staff and patient meetings were held on a regular basis. Minutes of meetings were available to view.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

A staff member commented: "I enjoy my work. We're a good team and this is a good environment to work in."

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	2*	1

* the total number of areas for improvement includes two regulations which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Susan McCurry, Responsible Individual and Mrs Jacquelyn Grace Woods, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure electronic medicine records are fully and accurately maintained. This is in specific reference to the Juniper Unit and includes: <ul style="list-style-type: none"> - Personal medication records - Medicine administration records Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure safe systems for the management of warfarin are in place. Ref: 5.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available each mealtime.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Suitable format of pictures of meals is being sought and will be displayed for residents for each mealtime</p>

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