



Announced Variation to Registration Care Inspection Report 31 May 2018



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home
Address: 95 Knockbracken Road, Castlereagh, BT6 9SP
Tel No: 028 90448797
Inspector: Lyn Buckley

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 79 persons.

3.0 Service details

Organisation/Registered Provider: Maryland Healthcare Limited Responsible Individual(s): Mrs Susan McCurry	Registered Manager: Mrs Jacquelyn Grace Woods
Person in charge at the time of inspection: Mrs Jacquelyn Grace Woods	Date manager registered: 18 September 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 79 A maximum of : <ul style="list-style-type: none"> • 6 patients in category NH-LD to be accommodated in the Juniper Unit. • 33 patients in categories NH-I, NH-PH and NH-PH(E) to be accommodated between the Juniper and Willow Units. • 20 patients in category NH-DE to be accommodated in the Rowan Unit. • 20 patients in category NH-DE to be accommodated in the Larch Unit.

4.0 Inspection summary

An announced variation to registration inspection of Maryland Healthcare Care Centre of Distinction took place on 31 May 2018 from 10:35 to 13:15 hours. An estates inspector accompanied the care inspector; their inspection findings can be found in the announced variation to registration estates inspection report.

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

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Maryland Healthcare Care Centre of Distinction for the addition of five beds, the addition of the category NH- Terminal Illness (TI); and the removal of the NH-LD category of care.

The variation to the registration of Maryland Healthcare Care Centre of Distinction was granted, from a care perspective, following this inspection, but is subject to confirmation from the Estates Inspector that the outstanding works in all five bedrooms has been fully completed.

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	*2	*2

*The total number of areas for improvement includes one regulation and two standards carried for review to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Susan McCurry, responsible individual, and Mrs 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.

4.2 Action/enforcement taken following the most recent inspection dated 29 March 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 29 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

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

During the inspection the inspector spoke with two patients, two staff, one visiting professional and one patient's visitors.

The following records were examined during the inspection:

- duty rota for all staff from 28 May to 3 June 2018
- the home's statement of purpose
- the home's patient guide.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met. The remaining areas for improvement were not reviewed as part of this inspection and are carried forward to the next care 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 the most recent inspection dated 29 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

The last care inspection of the home was an unannounced post registration care inspection on 23 October 2017. The completed QIP was returned and approved by the care inspector. One area for improvement identified at the last care inspection was reviewed as part of this inspection. The remaining areas for improvement were not reviewed due to the inspection focus and are carried forward to the next care inspection.

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 13 (1) (a) Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that registered nurses have oversight of the bowel functioning records. Evidence of any action taken should be recorded in the daily progress notes.	Carried forward to the next care inspection
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.		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that the system for checking the NMC registrations is further developed, to ensure that it is robust.	Carried forward to the next care inspection
	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.	
Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that the environment of the dementia units are enhanced to ensure that they are conducive to the category of care for which the units are registered. This relates specifically to the corridor areas.	Met
	Action taken as confirmed during the inspection: Observation of the environment throughout the nursing home and in particular the two dementia units evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 35.18 Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that a robust system is put in place to manage urgent communications, safety alerts and notices. This relates particularly to, but is not limited to, the alerts regarding staff that had sanctions imposed on their employment by professional bodies.	Carried forward to the next care inspection
	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.	

6.3 Inspection findings

Environment

We reviewed each of the five 'new' bedrooms identified within the variation to registration application. Each bedroom had an ensuite toilet and wash hand basin and was furnished with a height adjustable bed, furniture for storage including a lockable space, seating and overhead and low lighting options. The new bedrooms had been connected to the nurse call system and advice was provided regarding the room numbering system. The nurse call bell was tested in each of the bedrooms and was found to be operating correctly. Nursing and care staff spoken with were aware of the additional bedrooms and the allocated nurse call for their unit.

However, the bedrooms were not ready to be occupied as some painting and finishing of building works had yet to be completed. It was agreed that when the bedrooms were ready to receive patients that the estates inspector would revisit the home to confirm this.

Overall the environment was found to be well decorated, heated appropriately and clean. All areas were accessible to patients and equipment was provided to ensure patients' needs were met.

A choice of lounge and dining rooms was available enabling patients to choose where to sit or eat their meal. A café type kitchen was available to patients and their visitors in the entrance hall of the home.

Communal toilets and bathrooms were available throughout the home in addition to the ensuite facilities. These were clearly identified with appropriate signage.

Within the two dementia units work had been undertaken to ensure the corridor environment had a more 'homely' feel. Art work, pictures and items of local interest had been used to provide this. The registered manager also described the ongoing plans for themed areas of interest in the areas still to be decorated. As stated previously in section 6.2 the area for improvement made in this regard was assessed as being met.

Gardens were accessible to patients as all exits to the gardens and the exterior of the building were on a level with the internal floor. One patient was particularly grateful to be able to access the garden area and to go for walks. Their visitor said that the difference this made to their friend was "unbelievable"...they "are like their old self again... just by being able to get out and about".

Patients also have access to an activity room and another patient was observed to be relaxed and enjoying their one to one activity session.

Infection Prevention and Control (IPC)

There were no concerns identified regarding IPC practices or the environment.

Fire Prevention and Safety

Throughout the home we did observe a number of fire doors to be propped or wedged open with various items. On each occasion this was brought to the attention of one of the registered persons who removed the wedge or prop. However, because of the number of fire doors wedged and propped open it was concerning that staff regarded wedging open fire doors as custom and practice without regard to, or understanding of, the potential fire risks. An area for improvement was made under the regulations with immediate action required by the registered persons to address this matter.

Staffing

Review of the nursing and care staff duty rota from 28 May to 3 June 2018 and discussion with the registered persons provided assurances that staffing levels were kept under review to ensure that the needs of patients were met. The registered manager confirmed that they could adjust staffing levels as required as the home's occupancy levels increased.

Areas for Improvement

One area for improvement was identified in relation to fire safety and the wedging/propping open of fire doors.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Conclusion

The variation to the registration of Maryland Healthcare Care Centre of Distinction was granted, from a care perspective, following this inspection; but is subject to confirmation from the Estates Inspector that the outstanding works in all five bedrooms has been fully completed.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Susan McCurry, responsible individual, and Mrs 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 27 (4) Stated: First time To be completed by: Immediate action required.	The registered person shall ensure that fire doors are not propped or wedged open; and that fire safety practices are monitored and managed. Ref: 6.3 Response by registered person detailing the actions taken: Wedges were removed from the doors and all staff reminded of the importance of not propping open any doors
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that registered nurses have oversight of the bowel functioning records. Evidence of any action taken should be recorded in the daily progress notes. 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. Ref: 6.2
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: Standard 35 Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that the system for checking the NMC registrations is further developed, to ensure that it is robust. 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. Ref: 6.2
Area for improvement 2 Ref: Standard 35.18 Stated: First time To be completed by: 20 December 2017	The registered persons shall ensure that a robust system is put in place to manage urgent communications, safety alerts and notices. This relates particularly to, but is not limited to, the alerts regarding staff that had sanctions imposed on their employment by professional bodies. 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. Ref: 6.2

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



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