



Unannounced Care Inspection Report 1 and 2 July 2019



Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 84 patients. The home is divided into four units; Rowan which has 20 beds, Larch which has 20 beds, Willow which has 22 beds and Juniper which has 22 beds.

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 18 September 2017</p>
<p>Person in charge at the time of inspection: Jacquelyn Woods – registered manager</p>	<p>Number of registered places: 84 A maximum of 20 patients in category NH-DE to be accommodated in the Rowan Unit. A maximum of 20 patients in category NH-DE to be accommodated in the Larch 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. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 61</p>

4.0 Inspection summary

An unannounced inspection took place on 1 July 2019 from 10:00 to 16:00 hours on 2 July 2019 from 10:30 to 12:00 hours. This inspection was undertaken by care, pharmacist, finance and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of previous estates, finance and medicines management inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to medicines management, record keeping, the delivery of care and treatment as observed on the inspection, the provision of activities and the cleanliness of the environment, estates management, providing patients with up to date agreements, recording patients' personal property and recording the reconciliations of patients' monies.

Areas requiring improvement were identified in relation to infection prevention and control practice, notifications to RQIA and the completion of nutritional risk assessments and care plans.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Jacquelyn Woods, 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 1 April 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 1 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 June to 1 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records from 1 April 2019
- one staff recruitment and induction file
- four patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from 1 January 2019
- RQIA registration certificate
- personal medication records, medicine administration records, records of medicines requested, received and transferred or disposed of.
- medicines on admission
- medicines prescribed for the management of distressed reactions and pain, thickeners for food and fluids, medicines administered through a feeding tube
- controlled drugs
- medicines management audits
- copies of written agreements for two patients
- records of personal property for two patients
- records of monies held on behalf of patients
- fire risk assessment
- fire safety management records
- legionella risk assessment
- mechanical and electrical service documentation and user checks.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspection(s)

The areas of improvement identified at the previous care inspection have been reviewed. All were assessed as met.

The areas of improvement identified at the previous medicines management inspection were reviewed and assessed as met.

There were no areas for improvement identified at the previous estates inspection.

The areas of improvement identified at the previous finance inspection were reviewed and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned staffing levels for the home. Staff in each unit confirmed that the planned staffing levels were met and that staffing levels could be altered to ensure patients assessed needs were met. We reviewed a sample of the staff duty rota from 1 June to 1 July 2019. These confirmed that the planned staffing levels were achieved and that any short notice leave was 'covered' using bank or agency staff. We also saw that catering and housekeeping staff were on duty every day to support the delivery of care.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were caring and kind. Patients unable to express their view were seen to be well groomed, relaxed and comfortable.

As part of the inspection we also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. We received one staff response. The member of staff indicated that they were satisfied with the staffing and training; and that they could raise concerns about poor practice with their manager.

We saw that patients' needs and requests for assistance were met in a timely and caring manner. Staff were seen to provide support to patients during the serving of the mid-morning snack and lunchtime meal. Staff were aware of how to support a patient who required their food or fluids to be modified to reduce the risk of choking.

The home's environment was clean, tidy, and comfortably warm throughout. Housekeeping staff were commended for their efforts in maintaining the home's cleanliness and environment. We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

General infection prevention and control (IPC) measures were in place and since the last care inspection an environmental IPC audit had been developed and implemented. However, we did see, throughout the home, that various items of equipment were stored in bathrooms where there was a toilet and that gloves and aprons were routinely stored on hand rails despite the provision of glove and apron dispensers. This is not good practice. When we discussed these findings with staff they did confirm that they were aware of IPC requirements. Details were provided to the manager during feedback and an area for improvement was made.

We reviewed one staff recruitment records to confirm that staff were recruited safely. It was evidenced that systems and processes were in place to ensure staff were recruited correctly and in line with regulations.

We confirmed that a system was in place to ensure staff were competent and capable to do their job and that nursing and care staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they had received training and were aware of their role in protecting patients and how to report concerns.

We reviewed four patients' care records in relation to the management of risks to patient such as falls, weight loss, developing a pressure ulcer and swallowing deficits. Each record reviewed evidenced that risk assessment were completed and a care plan was developed to manage the specific care required. Risk assessments and care plans were reviewed regularly.

During the inspection we saw, in one unit, how nursing and care staff managed a patient who had a fall. Staff were calm and professional while reassuring the patient and attending to their nursing needs. Staff not directly involved with the patient continued with their duties which had the effect of reassuring the other patients. All patients were later seen to be enjoying their lunch, including the patient who had fallen.

Areas for improvement

An area for improvement was made in relation to infection prevention and control practices.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with patients regarding the delivery of care. Patients able to express their opinion and views confirmed that they received the right care at the right time and that staff were supportive. Those who were unable to comment looked well groomed, comfortable and relaxed in their surroundings and in their interactions with staff.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient had an episode of anxiety or a distressed reaction, refused a meal, had a fall and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of the national changes to modified food and fluid descriptors and had attended update training.

We saw how nursing and care staff managed a patient who had a fall and a patient who was transferring to hospital. Staff were calm and professional while reassuring the patient and attending to their nursing needs. Staff not directly involved with the patient continued with their duties which had the effect of reassuring the other patients. Staff were commended for their calm and professional response.

We observed the serving of the lunchtime meal in the Rowan Unit. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests for assistance or to change the meal choice. Patients said that they enjoyed their meal. We saw that the majority of patients ate their lunch in the dining room. Patient could also choose to eat in their bedroom or in one of the lounge areas.

As stated previously staff were aware of the national changes to modified food and fluid descriptors. Menu choice sheets and checklists reviewed were reflective of what each patient had been prescribed and we were satisfied that patients received the correct food and fluid consistency prescribed for them. However, one patient care record reviewed did not evidence that a nutritional assessment or care plan had been developed to manage their nutritional needs when the patient had been admitted to the home. Details were discussed with the nurse in charge of the unit who agreed to address this matter immediately. Details were also provided to the manager during feedback. It was agreed that the manager would ensure this had been completed and monitor other care records to assure themselves that this was not common practice. An area for improvement was made. An area for improvement was made.

Staff confirmed that they received regular training to ensure they knew how to provide the right care. We confirmed from records that mandatory training was planned and attendance monitored for all staff. Additional training was also provided to ensure patient needs were met.

Staff also confirmed that there was good and effective teamwork; each staff member knew their role, function and responsibilities. Staff told us that if they had any concerns about patients' care or a colleague's practice, they could raise these with the manager or with the nurse in charge of the unit. It was evident that staff knew their role and responsibilities, and how to provide the right care at the right time.

We invited staff to complete an on line questionnaire. One staff member completed this. They responded that they were satisfied with the training provided and that they knew how to report poor practice or any concerns.

It is important that where choice and control are restricted due to a patient's understanding; that these restrictions are carried out sensitively and in line with good practice. This is so that patients feel respected, included and involved in their care; or when necessary that decisions are made in the best interests of the patient. When we spoke with staff they had a good knowledge of patients' abilities, their level of decision making or understanding and their specific care needs. Staff were aware of the principles of consent. Patients' care records confirmed the delivery of care in line with good practice, the care planning and decision making process, who was involved in this process and the evaluation of the delivery of care on a daily basis. In addition the manager monitored any restriction on a patient's choice or control on at least a monthly basis.

We provided patient and family members questionnaires to ask how they felt about the care they and/or their loved one's received. We did not receive any responses.

Medicines Management

Medicines were managed by staff who had been trained and deemed competent to do so. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Audits which cover all areas of medicines management were performed regularly, discrepancies investigated and records maintained. There were procedures in place to ensure the safe management of medicines during a patient's

admission to the home. There were robust arrangements in place for the management of medicine related incidents.

The sample of medicines examined had generally been administered in accordance with the prescriber's instructions; two audit discrepancies on eye preparations were drawn to the attention of the manager who provided an assurance that the medicines would be closely monitored.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in controlled drug record books. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Areas for improvement

An area for improvement was made in relation to nutritional assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room. Staff were providing support to patients as they needed it. It was clear from what we saw that the interactions between staff and patients were relaxed, comfortable and appropriate.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean clothing that matched and attention had been paid to personal grooming such as finger nails and or jewellery.

Patients told us that they were receiving good care from friendly, caring, respectful staff. A variety of activities were organised for each day by the home's activity leaders. These organised activities were displayed in each unit and in the foyer.

We also reviewed compliments/cards received one of which included the following statement:

“Many thanks for looking after me so well.”

“Many thanks for everything.”

“I love my plants. It was also very special to have added memories from the Tea Party. It is a blessing such a place and space as Maryland exists.”

“Yous are a great team and I have appreciated your patience, understanding and kindness.”

We also provided questionnaires for patients and family members; None were returned. One staff member who responded to the RQIA’s online questionnaire recorded that they were very satisfied that patients were treated with kindness, dignity and respect.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last care inspection in August 2018 there has been no changes to the management arrangements for the home.

We reviewed a sample of governance records to assure us that robust systems were in place to regularly review the quality of the nursing care and other services provided to patients.

We found that audits were undertaken regularly and any deficits identified were addressed in a timely manner and there was evidence of the manager’s evaluation of information from the audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This review or analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

However from the review of accidents records we found that some accidents had not been notified to RQIA as required. The manager agreed to forward the notifications to us as soon as possible and to ensure all nursing staff were aware of the requirements. An area for improvement was made.

The responsible individuals’ monthly quality monitoring reports from 1 January 2019 were available in the home. We reviewed the report dated 20 June 2019. Areas for action identified during each visit were followed up during the subsequent visit.

Premises Management

There was clear evidence of on-going maintenance within the home and works were continuing with alterations to the building fabric to provide additional treatment rooms within two of the units. This work as seen, was being completed to a high standard and when completed will provide a tangible quality improvement to the management of patient care within the home. This work will be further inspected upon completion.

A current fire risk assessment for the premises was in place and the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by a company holding professional body registration for fire risk assessors. The servicing of the fire detection & alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment were being actively addressed by the provider's estates staff. Again, the servicing of these systems and the user checks appeared to be being maintained in accordance with current best practice guidance.

Current certificates and user checks with relation to the premises' mechanical and electrical installations including gas, fixed electrical, lifting equipment and portable appliances were available for inspection. The certificates and user checks indicated that the systems were being maintained in accordance with current best practice guidance.

Management of service users' monies

A finance inspection was conducted on 2 July 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included updated written agreements and records of patients' personal property. Financial systems in place at the home, including controls surrounding the management of patients' finances, were reviewed and were found to be satisfactory. No new areas for improvement were identified as part of the finance inspection

Areas for improvement

An area for improvement was made in relation to notifying RQIA of incidents/accidents.

	Regulations	Standards
Total number of areas for improvement	1	0

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, 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 13 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that equipment such as hoists, slings, gloves and aprons are stored in line with good practice guidance for infection prevention and control and that staff practice is monitored to ensure compliance.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A review of the storage areas was undertaken and all items of equipment are stored in line with good practice guidance for infection prevention and control , Unit Managers will be monitoring this to ensure compliance</p>
Area for improvement 2 Ref: Regulation 30 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the system in place to notify RQIA of incidents/accidents, in accordance with regulations, is effective.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The retrospective Notifications were sent through as requested and going forward all notifiable accidents / incidents will be sent via the portal .</p>
Action required to ensure compliance with the applicable Care Standards.	
Area for improvement 1 Ref: Standard 12.3 Stated: First time To be completed by: 1 August 2019	<p>The registered person shall ensure, through regular monitoring, that nutritional risk assessments are completed for all patients on admission and that, as required, care plans are developed which reflect the patient's nutritional needs; such as speech and language recommendations.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The one missing Nutritional careplan was written during inspection, compliance of this will be monitored by the Unit Managers</p>

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



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